

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149194

FILED
Feb 05, 2008
Secretary of State

Entity Name: NATIONAL MINORITY CONSULTANTS, INC.

Current Principal Place of Business:

1146 KEYES AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1146 KEYES AVENUE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-3523846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNLAP, SYLVIA R
1146 KEYES AVENUE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCFO () Delete
Name: DUNLAP, SYLVIA R
Address: 1146 KEYES AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: O () Delete
Name: SEATON, ROSA
Address: 609 GALLERY DRIVE #2
City-St-Zip: WINTER PARK, FL 32729

Title: O () Delete
Name: DUNLAP, JAMES C
Address: 16680 LAKE PICKETT ROAD
City-St-Zip: ORLANDO, FL 32820

Title: SO () Delete
Name: MINER, SUE
Address: 3631 RONDA DRIVE
City-St-Zip: DELTONA, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SO (X) Change () Addition
Name: MINER, SUSAN
Address: 3631 RONDA DRIVE
City-St-Zip: DELTONA, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA R. DUNLAP

PCFO

02/05/2008

Electronic Signature of Signing Officer or Director

Date