

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # P29529 (5) 1. Corporation Name NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE, INC.																																																																																																																																																			
Principal Place of Business 4805 MT. HOPE DRIVE 5TH FLOOR BALTIMORE MD 21215		Mailing Address 4805 MT. HOPE DRIVE 5TH FLOOR BALTIMORE MD 21215-3206																																																																																																																																																	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 29 Zip Country 30																																																																																																																																																	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																																																																																																																																	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.																																																																																																																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.																																																																																																																																																			
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PCEO</td> <td style="width: 20%; text-align: center;">☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>MFUME, KWEISI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4805 MT HOPE DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BALTIMORE MD</td> <td></td> </tr> <tr> <td>TITLE</td> <td>C</td> <td style="text-align: center;">☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>EVERS-WILLIAMS, MYRLIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>64770 KELLY COURT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BEND OR</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: center;">☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>BORGES, FRANCISCO L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>115 BROADWAY 7TH FLR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NEW YORK NY</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;">☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>BIEBER, OWEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>571 ARIEBILL ST, SW</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WYOMING MI</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;">☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>ANDREWS, BEN F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>504 FIRETOWN RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SIMSBURY CT 06070</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;">☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>BANKS, FRED L JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>976 METAIRIE ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSON MS 39209</td> <td></td> </tr> </table>		TITLE	PCEO	☐ DELETE	NAME	MFUME, KWEISI		STREET ADDRESS	4805 MT HOPE DR		CITY - ST - ZIP	BALTIMORE MD		TITLE	C	☐ DELETE	NAME	EVERS-WILLIAMS, MYRLIE		STREET ADDRESS	64770 KELLY COURT		CITY - ST - ZIP	BEND OR		TITLE	T	☐ DELETE	NAME	BORGES, FRANCISCO L		STREET ADDRESS	115 BROADWAY 7TH FLR		CITY - ST - ZIP	NEW YORK NY		TITLE	D	☒ DELETE	NAME	BIEBER, OWEN		STREET ADDRESS	571 ARIEBILL ST, SW		CITY - ST - ZIP	WYOMING MI		TITLE	D	☐ DELETE	NAME	ANDREWS, BEN F		STREET ADDRESS	504 FIRETOWN RD		CITY - ST - ZIP	SIMSBURY CT 06070		TITLE	D	☐ DELETE	NAME	BANKS, FRED L JR.		STREET ADDRESS	976 METAIRIE ROAD		CITY - ST - ZIP	JACKSON MS 39209		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1.1 TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>Secretary</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td>Dennis Courtland Hayes</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td>4805 Mt. Hope Drive</td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td>Baltimore, MD 21215</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE		☐ Change ☐ Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY - ST - ZIP			2.1 TITLE		☐ Change ☐ Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY - ST - ZIP			3.1 TITLE		☐ Change ☐ Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY - ST - ZIP			4.1 TITLE	Secretary	☐ Change ☐ Addition	4.2 NAME	Dennis Courtland Hayes		4.3 STREET ADDRESS	4805 Mt. Hope Drive		4.4 CITY - ST - ZIP	Baltimore, MD 21215		5.1 TITLE		☐ Change ☐ Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY - ST - ZIP			6.1 TITLE		☐ Change ☐ Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY - ST - ZIP		
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.																																																																																																																																																			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																			



CR2E037 (9/96)

4/17/97 (410) 486-9191