

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29529

FILED
Mar 24, 2009
Secretary of State

Entity Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE, INC.

Current Principal Place of Business:

4805 MT. HOPE DRIVE
BALTIMORE, MD 21215

New Principal Place of Business:

Current Mailing Address:

4805 MT. HOPE DRIVE
BALTIMORE, MD 21215

New Mailing Address:

FEI Number: 13-1084135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: HAYES, DENNIS C
Address: 4805 MT HOPE DR
City-St-Zip: BALTIMORE, MD 21215

Title: C () Delete
Name: BOND, JULIAN
Address: 5435 41ST PL NW
City-St-Zip: WASHINGTON, DC 20015

Title: T () Delete
Name: BORGES, FRANCISCO L.
Address: 115 BROADWAY 7TH FLR
City-St-Zip: NEW YORK, NY

Title: S () Delete
Name: CICCOLO, ANGELA
Address: 4805 MT HOPE DR
City-St-Zip: BALTIMORE, MD 21215

Title: D () Delete
Name: BROCK, ROSLYN M
Address: 5923 MEADOW ROSE NE
City-St-Zip: ELKRIDGE, MD 21075

Title: D () Delete
Name: BANKS, FRED L JR.
Address: 976 METAIRIE ROAD
City-St-Zip: JACKSON, MS 39209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: JEALOUS, BENJAMIN T
Address: 4805 MT HOPE DR
City-St-Zip: BALTIMORE, MD 21215

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA CICCOLO

SECR

03/24/2009

Electronic Signature of Signing Officer or Director

Date