

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002218

**Entity Name:** MINORITY ALLIANCE FOR ADVOCATING COMMUNITY AWARENESS AND ACTION, INC.

**FILED**  
**Mar 25, 2015**  
**Secretary of State**  
**CC6278251484**

**Current Principal Place of Business:**

1720 SOUTH GADSDEN STREET  
223  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

1720 SOUTH GADSDEN STREET  
223  
TALLAHASSEE, FL 32301

**FEI Number: 80-0067173**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILLIAMS, DENISE  
2802 HARWOOD ST  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title ED  
Name HUBBARD, SYLVIA  
Address 311 GAILE AVE  
City-State-Zip: TALLAHASSEE FL 32305

Title TREASURER  
Name JENKINS, CHERI  
Address 1720 SOUTH GADSDEN STREET  
223  
City-State-Zip: TALLAHASSEE FL 32301

Title CHAIRMAN  
Name LONG, MAURICE  
Address 1720 SOUTH GADSDEN STREET  
223  
City-State-Zip: TALLAHASSEE FL 32301

Title OTHER  
Name ROBERTS, DENYECE  
Address 1720 SOUTH GADSDEN STREET  
223  
City-State-Zip: TALLAHASSEE FL 32301

*I hereby 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 all other like empowered.*

**SIGNATURE: SYLVIA HUBBARD**

**EXECUTIVE DIRECTOR**

**03/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date