

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000479

**FILED**  
**Apr 18, 2014**  
**Secretary of State**  
**CC6314947074**

**Entity Name:** D.H.S. TASK FORCE AND ALUMNI FOR EQUAL AND QUALITY EDUCATION INC.

**Current Principal Place of Business:**

1324 N.W. 27TH AVE.  
FT. LAUDERDALE, FL 33311

**Current Mailing Address:**

P.O. BOX 9027  
FORT LAUDERDALE, FL 33310

**FEI Number:** 65-0359532

**Certificate of Status Desired:** Yes

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

DAVENPORT, OZZIE M  
1324 NW 27 AV  
FT. LAUDERDALE, FL 33311 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 PD  
Name DAVENPORT, OZZIE M  
Address 1324 NW 27 AVE  
City-State-Zip: FT. LAUDERDALE FL 33311

Title VPD  
Name BROWN, ROY  
Address 4901 NW 17 ST  
City-State-Zip: LAUDERHILL FL 33313

Title TD  
Name BARNES, WILLIE M  
Address 4761 NW 17 STREET  
City-State-Zip: FT. LAUDERDALE FL 33313

Title VPD  
Name PRINGLE, JUANITA  
Address 3851 NW 5 STREET  
City-State-Zip: FORT LAUDERDALE FL 33311

Title SVD  
Name FELDER, CHERYL A  
Address 7480 NW 21 COURT  
City-State-Zip: MARGATE FL 33063

Title VD  
Name BARNER, MARY L  
Address 1201 NW 23 AVE  
City-State-Zip: FT. LAUDERDALE FL 33311

*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: CHERYL FELDER

SVD

04/18/2014

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

\_\_\_\_\_  
Date