

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29529

Entity Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF
COLORED PEOPLE, INC.**Current Principal Place of Business:**4805 MT. HOPE DRIVE
BALTIMORE, MD 21215**Current Mailing Address:**4805 MT. HOPE DRIVE
BALTIMORE, MD 21215**FEI Number: 13-1084135****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
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	PCEO
Name	MILLIER, LORRAINE C
Address	4805 MT HOPE DR
City-State-Zip:	BALTIMORE MD 21215

Title	C
Name	BROCK, ROSLYN M
Address	4805 MT. HOPE DRIVE
City-State-Zip:	BALTIMORE MD 21215

Title	T
Name	TURNER , JESSE H
Address	180 SOUTH MAIN
City-State-Zip:	MEMPHIS TN 38103

Title	S
Name	KEENAN, KIM M
Address	4805 MT HOPE DR
City-State-Zip:	BALTIMORE MD 21215

Title	D
Name	BOND, JULIAN
Address	4805 MT. HOPE DRIVE
City-State-Zip:	BALTIMORE MD 21215

Title	D
Name	BANKS, FRED LJR.
Address	976 METAIRIE ROAD
City-State-Zip:	JACKSON MS 39209

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: KIM M. KEENAN**SECRETARY****04/11/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date