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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000000823**

1. Corporation Name
THE CONCERNED AFRICAN AND FRIENDS ASSOCIATION IN CORPORATED

Principal Place of Business	Mailing Address
4014 RAMIRO ST SEBRING FL 33872	4014 RAMIRO ST SEBRING FL 33872

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/13/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 31-1504025 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FOSU, KWAME E.B.
4014 RAMIRO ST
SEBRING FL 33872

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FOSU, KWAME		1.2 NAME		
STREET ADDRESS	4014 RAMIRO ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33872		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	OKEKE, IKE		2.2 NAME	FOSU, PATRICIA	
STREET ADDRESS	116 ADAMS ROAD		2.3 STREET ADDRESS	4014 RAMIRO ST	
CITY-ST-ZIP	AUBURNDALE FL 33823		2.4 CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AGBARA, PAULI		3.2 NAME		
STREET ADDRESS	5720 TANASI CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33823		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	TEBO, VIVIAN		4.2 NAME	ANAZIA, IBEZIL	
STREET ADDRESS	2055 E. CHURCH ST.		4.3 STREET ADDRESS	6410 BEECHNUT DRIVE	
CITY-ST-ZIP	BARTOW FL 33830		4.4 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	T	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FOFUNG, JUDITH		5.2 NAME		
STREET ADDRESS	35250 24TH ST., NW, APT. 204-K		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SKAGGS, LUCILLE		6.2 NAME		
STREET ADDRESS	#6 RAVENNA AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	HANAHAN SC 29406		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Kwame E. Fosu KWAME E. FOSU, PRESIDENT 2/25/99 1-941-314-8257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #