2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90109 031 ****61.25

DOCUMENT # N97000000823

1. Entity Name

THE CONCERNED AFRICAN AND FRIENDS ASSOCIATION IN

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11414 CYPRESS BAY ST	11414 CYPRESS BAY ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT, FL	City & State: CLERMONT, FL
Zip: 34711 Country: LAKE	Zip: 34711 Country: LAKE

4. FEI Number: 31-1504025 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOSU, KWAME E.B. 4014 RAMIRO ST SEBRING FL 33872 FOSU, KWAME E.B. 11414 CYPRESS BAY ST CLERMONT, FL 34711	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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: Kwame Fosu PRESIDENT & FOUNDER — DATE: 4/14/01
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FOSU, KWAME 4014 RAMIRO ST. SEBRING FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FOSU, KWAME 11414 CYPRESS BAY ST CLERMONT, FL 34711	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FOSU, PATRICIA 4014 RAMIRO ST SEBRING FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FOSU, PATRICIA 11414 CYPRESS BAY ST CLERMONT, FL 34711	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AGBARA, PAULI 5720 TANASI CT. LAKELAND FL 33823	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANAZIA, IBEZILL 6410 BEACHNUT DRIVE LAKELAND FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SKAGGS, LUCILLE #6 RAVENNA AVE. HANAHAN SC 29406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kwame Fosu — 4/14/01 — 1-352-242-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #