

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90259 040 ****61.25

DOCUMENT # N00000003529

1. Entity Name

**TALLAHASSEE AND AFRICAN SISTER CITIES COALITION,
INCORPORATED**



Principal Place of Business

**2074 VICTORY GARDEN LANE
TALLAHASSEE FL 32301**

Mailing Address

**2074 VICTORY GARDEN LANE
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

P.O. Box 7619

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

Country

32314-7619

LEON

4. FEI Number **59-3588722**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, WILLIE L PHD
2074 VICTORY GARDEN LANE
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Willie L. Butler **Willie L. Butler**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HENRY, ANTHONY**
STREET ADDRESS **3145 PARKRIDGE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **D** ☐ Change ☒ Addition
NAME **Mary Rodgers Brooks**
STREET ADDRESS **3345 Sedona Lane**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **P** ☐ Delete
NAME **BUTLER, WILLIE L**
STREET ADDRESS **2074 VICTORY GARDEN LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Change ☒ Addition
NAME **Kevin Brown**
STREET ADDRESS **1324 D Nylia Street**
CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE **D** ☐ Delete
NAME **ZIEGLER, DHYANA**
STREET ADDRESS **1900 CENTER POINT BLVD., #274**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Change ☒ Addition
NAME **Tiffany Hamilton**
STREET ADDRESS **1443-1 Hudson Street**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **VP** ☐ Delete
NAME **OWUSU-ANSAH, AGYAPONG**
STREET ADDRESS **2309 TUPELO TERRACE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **HUDSON, WILLIAM**
STREET ADDRESS **1001 HASSELL ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **CAMPBELL, MARILYN**
STREET ADDRESS **724 PRESTON ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the empowered.

SIGNATURE:

Willie L. Butler **Willie L. Butler**

(850) 561-2054(W)
(850) 656-1234

CR2E037 (10/02)