

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

DOCUMENT # 760814

1. Entity Name

Tampa Organization of Black Affairs, Inc.



FILED

03 JUN 11 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

TAMPA
Suite, Apt. #, etc.
1101 N. Howard Ave.

3. Mailing Address

P.O. Box 3485

City & State
Tampa, Florida

City & State
Tampa, FL

Zip
33607

Country
USA

Zip
33601

Country
USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ken Anthony

Street Address (P.O. Box Number is Not Acceptable)

1101 N. Howard Ave

City

Tampa

FL

Zip Code

33607

**DO NOT WRITE
IN THIS SPACE**

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

Ken Anthony

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

(NOTE: Registered Agent Signature required when reinstating)

4/3/03

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ken Board of Director Ken Anthony 1101 N. Howard Ave Tampa FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carolyn Board of Director Carolyn Righty 1101 N. Howard Ave Tampa FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Board of Director Robert Morrison 1101 N. Howard Ave Tampa FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yolanda Board of Director Yolanda Anthony 1101 N. Howard Ave Tampa FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Board of Director Joseph Jackson 1101 N. Howard Ave Tampa FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Yolanda Anthony Treasurer

6/3/03

813-229-5569

CR2E037B (12/02)