

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006721

Entity Name: KIJANA EDUCATIONAL EMPOWERMENT INITIATIVE, INC.**Current Principal Place of Business:**516 GULF RD.
NORTH PALM BEACH, FL 33408**Current Mailing Address:**516 GULF RD.
NORTH PALM BEACH, FL 33408 US**FEI Number: 33-1023377****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**NELSON, COLLEEN
120 NORTH US HIGHWAY ONE
SUITE 200
TEQUESTA, FL 33469 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	DP
Name	CUMMINGS, JAMES P
Address	516 GULF ROAD
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	V
Name	HUBER, BRUCE
Address	4690 BRADY LN
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	ZIENTEK, CHET
Address	4488 HICKORY DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	NGATI, MARY
Address	401 NORTH ROSEMARY AVE.
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	MADISON, MARK
Address	19227 JAMESTOWN RD.
City-State-Zip:	HAGERSTOWN MD 25401

Title	SECRETARY
Name	FEYK, LYNNE
Address	15818 83RD. WAY NORTH
City-State-Zip:	WEST PALM BEACH FL 33418

Title	DIRECTOR
Name	ZIENTEK, HELEN
Address	4488 HICKORY DR
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	TREASURER
Name	SLOCUM, JOHN ALAN
Address	4680 PORTOFINO WAY
City-State-Zip:	WEST PALM BEACH FL 33409-8168

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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: JAMES P. CUMMINGS**PRESIDENT****06/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BILLINGSLEY, JOHN
Address 1135 HARBRIDGE AVE
City-State-Zip: RACINE WI 53403

Title DIRECTOR
Name ONDISO, RHINAH
Address 16 LYNDE ST.
City-State-Zip: MALDEN MA 02148-2827