

**2023 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:**CUMMINGS, JAMES PATRICK  
516 GULF RD.  
NORTH PALM BEACH, FL 33408 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: JAMES P. CUMMINGS****04/28/2023**

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, 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

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	NGATI, MARY
Address	401 NORTH ROSEMARY AVE.
City-State-Zip:	WEST PALM BEACH FL 33401
Title	DIRECTOR
Name	BILLINGSLEY, JOHN
Address	1135 HARBRIDGE AVE
City-State-Zip:	RACINE WI 53403

**Continues on page 2**

*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****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ONDISO, RHINAH  
Address 7540 EDNA COURT  
City-State-Zip: PLANO TX 75024

Title DIRECTOR  
Name JOHNSON, JEN  
Address 950 N. SAINT LOUIS AVE.  
City-State-Zip: CHICAGO IL 60651

Title DIRECTOR  
Name MILLIGAN, ALEXANDRA  
Address 256A WHISCONIER AVE  
City-State-Zip: BROOKFIELD CT 06804

Title DIRECTOR  
Name ISAACSON, ANDREW  
Address 17557 HARALSON DR.  
City-State-Zip: EDEN PRAIRIE FL 55347

Title DIRECTOR  
Name HOOKS, LEE  
Address 3802 WESTVIEW AVE.  
City-State-Zip: WEST PALM BEACH FL 33407