

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

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

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

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

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