

2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000010506

Entity Name: CONCERNED CITIZENS OF THE BLACK AFRICAN AMERICAN
COMMUNITY, INC

Current Principal Place of Business:

541 WASHINGTON ST
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

541 WASHINGTON ST
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 45-3624498

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MORRIS, SHYRIAKA
541 WASHINGTON ST
NEW SMYRNA BEACH, FL 32168 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: SHYRIAKA MORRIS

08/02/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MORRIS, SHYRIAKA LAZELL
Address 541 WASHINGTON ST
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title S
Name LECLAIR, JOSHUA
Address 620 WARN REE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title VP
Name MUJAHID, HABIBULLAH
Address 434 NORTH MYRTLE AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title T
Name WHITE, MILDRED B
Address 540 SINNK A STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title ASST. TREASURER
Name JEFFERSON, YVONNE PC
Address 500 BROOK ST APT. 5
City-State-Zip: NEW SMYRNA BEACH FL 32164

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: SHYRIAKA MORRIS

PRESIDENT

08/02/2017

Electronic Signature of Signing Officer/Director Detail

Date