

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000007473

Entity Name: AFRIKIN FOUNDATION, INC.**Current Principal Place of Business:**2408 FLORIDA STREET
WEST PALM BEACH, FL 33406**Current Mailing Address:**2408 FLORIDA STREET
WEST PALM BEACH, FL 33406 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDMAN, NICOLA
2408 FLORIDA STREET
WEST PALM BEACH, FL 33406 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	DIRECTOR
Name	EDMAN, NICOLA
Address	2408 FLORIDA STREET
City-State-Zip:	WEST PALM BEACH FL 33406

Title	TREASURER
Name	JEAN CHARLES, MARSHA
Address	2408 FLORIDA STREET
City-State-Zip:	WEST PALM BEACH FL 33406

Title	SECRETARY
Name	TAFARI, VIOLET ASMARA
Address	2408 FLORIDA STREET
City-State-Zip:	WEST PALM BEACH FL 33406

Title	ASST. SECRETARY
Name	ROBERTS, HELEN
Address	2408 FLORIDA STREET
City-State-Zip:	WEST PALM BEACH FL 33406

Title	TRUSTEE
Name	BROOKS, ALFONSO
Address	2408 FLORIDA STREET
City-State-Zip:	WEST PALM BEACH FL 33406

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: EDMAN NICOLA**DIRECTOR****06/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date