

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000002526

Entity Name: EGBE ELEGUN TRADITIONAL AFRICAN CULTURE INC.**Current Principal Place of Business:**1824 WALES DR
TALLAHASSEE, FL 32303**Current Mailing Address:**1824 WALES DR
TALLAHASSEE, FL 32303 US**FEI Number: 83-4141576****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SA-RA, KOKAHYI
1824 WALES DR
TALLAHASSEE, FL 32303 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	CP
Name	SA-RA, KOKAHYI
Address	1824 WALES DR
City-State-Zip:	TALLAHASSEE FL 32303

Title	S
Name	JONES, DAMIEN
Address	4741 SILENT CREEK
City-State-Zip:	TALLAHASSEE FL 32303

Title	D
Name	SA-RA, NEICO DR
Address	1824 WALES DR
City-State-Zip:	TALLAHASSEE FL 32303

Title	D
Name	HARRIS, BEN
Address	268 CHRISTIAN LOOP
City-State-Zip:	HAVANA FL 32333

Title	ASST. TREASURER
Name	SA-RA, AFIYA
Address	1824 WALES DR
City-State-Zip:	TALLAHASSEE FL 32303

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: KOKAHYI SA-RA**CHIEF PRIEST****01/19/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date