

**2021 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:** Yes

**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

**PRESIDENT**

**03/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date