

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Division of Corporations

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 8:21

DOCUMENT # F93000002522 (1)

1. Corporation Name

NKRUMAH ENTERPRISE, INC.

Principal Place of Business

1584 N. HANCOCK STREET
SAN BERNARDINO CA 92411-1666

Mailing Address

1584 N. HANCOCK STREET
SAN BERNARDINO CA 92411-1666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

33-0488453

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

Zip

Country

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

COOPER, MOHAMMAD NK.
5529 LILY ROAD
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 5524 Gaur Lane

84 City

Lakeland, FL

FL

85 Zip Code

33811

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

HALL, EDDIE
5529 LILY ROAD
LAKELAND FL 33811

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

member
Eddie Hall
5518 Gaur Lane
Lakeland FL 33811

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VC
HOLMES, ABDULLAH
1594 N. HANCOCK ST.
SAN BERNARDINO

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

C
H. Tim Holmes
5518 Gaur Lane
Lakeland, FL 33811

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P/D
COOPER, MOHAMMAD
1584 N. HANCOCK STREET
SAN BERNARDINO CA 92411-1666

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

P/D
Mohammad Cooper
5524 Gaur Lane
Lakeland, FL 33811

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP / D
COOPER, KHADIJAH NK.
1584 N. HANCOCK STREET
SAN BERNARDINO CA 92411-1666

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Lakeland, FL 33811

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S / D
HOLMES, AISHA
1594 N. HANCOCK STREET
SAN BERNARDINO CA 92411-1666

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Lakeland, FL 33811

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
HOLMES, ABDULLAH
1594 N. HANCOCK STREET
SAN BERNARDINO CA 92411-1666

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Lakeland, FL 33811

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mohammad Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-95

Date

Daytime Phone #