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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

F95000001419 (9)

## NATIONAL MINORITY AIDS COUNCIL, INC.

## FILED Apr 04 1997 8:00am Secretary of State



Suite, Apt. #, etc.  Suite, Ap	Applied For Not Applicable  5 Additional Required  00 May Be ed to Fees er s. 199.032,  Zip Code ag its registered as registered
US  3. Date incorporated or Qualified (3/24/1995)  3. Date incorporated or Qualified (4/25)  5. Certificate of Status Desired (5/25/29)  5. Cert	Applied For Not Applicable  5 Additional Required  00 May Be ed to Fees er s. 199.032,  Zip Code ag its registered as registered
3. Date incorporated or Qualified 33. Date of Last O3/24/1995 07/15/ 2. Principal Place of Business 2a. Mailing Address 25 4. FEI Number 52-1578289 5. Cartificate of Status Desired 552-1578289 5. Carti	Applied For Not Applicable  5 Additional Required  00 May Be ed to Fees er s. 199.032,  Zip Code ag its registered as registered
Suite, Apt. #, etc.  Suite, Ap	Not Applicable 5 Additional Required 00 May Be ed to Fees er s. 199.032,  Zip Code ag its registered as registered
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	5 Additional Prequired DO May Be ed to Fees er s. 199.032,  Zip Code ag its registered as registered
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Pequired  DO May Be ed to Fees er s. 199.032,  Zip Code ag its registered as registered
City & State  Country  Zip  Country  B. This corporation has liability for intangible tax under Florida Statutes  Florida Statutes  Name and Address of Current Registered Agent  BI Name  BEGLEY, KEITH A  13 MARTIN LUTHER KING BLVD.  STUART FL 34995  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  B3  City  FL 85 Z  The City  FL 85 Z  Street Address (P.O. Box Number is Not Acceptable)  B4 City  FL 85 Z  B5 Z  B6 City  FL 85 Z  B7 Street Address (P.O. Box Number is Not Acceptable)  B8 Street Address of New Registered Agent is Not Acceptable)  B8 Street Address (P.O. Box Number is Not Acceptable)  B8 Street Address (P.O. Box Number is Not Acceptable)  B8 Street Address (P.O. Box Number	May Be ed to Fees er s. 199.032,  Zip Code eg its registered as registered
Zip Country Zip Country Sip	ed to Fees er s. 199.032,  Zip Code eg its registered as registered
Zip Country Zip Country Signature bypad or printed name of registered agent and little if applicable  Zip Country Signature bypad or printed name of registered agent and little if applicable  Zip Country Signature bypad or printed name of registered agent and little if applicable  Note: Registered Agent Signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  Signature Signature Registered agent and little if applicable (Note: Registered Agent algorature required when reinstating)  DELETE 1.1 TITILE CHANGES  STREET ADDRESS  SIGNATURE SD SIGNATURE SIGNATURE SIGNATURE SD S	r s. 199.032,  Zip Code  ig its registered as registered
29 30 Florida Statutes   Yes   No  9. Name and Address of Current Registered Agent  BEGLEY, KEITH A 13 MARTIN LUTHER KING BLVD. STUART FL 34995  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Z  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT INTILE  SO DELETE 1.1 TITLE  SO CHANGE 1.2 NAME  STREET ADDRESS  1931 13TH STREET, NW  1.3 STREET ADDRESS	Ip Code og its registered as registered
BEGLEY, KEITH A  13 MARTIN LUTHER KING BLVD. STUART FL 34995  82 Street Address (P.O. Box Number Is Not Acceptable)  83 Street Address (P.O. Box Number Is Not Acceptable)  84 City  FL 85 Z  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and lifts if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  OGEAGA, JAIME  STREET ADDRESS  1931 13TH STREET, NW  1.3 STREET ADDRESS	g its registered as registered
BEGLEY, KEITH A  13 MARTIN LUTHER KING BLVD.  STUART FL 34995  82 Street Address (P.O. Box Number Is Not Acceptable)  11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT INTILE  NAME  GEAGA, JAIME  1.2 NAME  1.3 STREET ADDRESS  1.3 STREET ADDRESS	g its registered as registered
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	)
CITY-ST-ZIP WASHINGTON DC 20009 1.4 CITY-ST-ZIP	
TITLE TO DELETE 2.1 TITLE Chang	ge Addition
NAME MCDONALD, SANDRA 2.2 NAME	
STREET ADDRESS 3030 CAMPBELLTON RD., SW 2.3 STREET ADDRESS	-
CITY-ST-ZIP ATLANTA GA 2.4CITY-ST-ZIP	
TITLE PD DELETE 3.1 TITLE Chang	ge 🔲 Addition
NAME NICKENS, NORMAN 32 NAME	į
STREET ADDRESS 25 VAN NESS AVENUE, 5TH FLOOR 33 STREET ADDRESS	ļ
CITY-ST-ZIP SAN FRANCISCO CA 3.4.CITY-ST-ZIP	
TITLE VD DELETE 4.1 TITLE Chang	ge Addition
NAME CYR-DELPE, MARIE 4.2 NAME	
STREET ADDRESS 2271 SECOND AVE. 4.3 STREET ADDRESS	ļ
CITY-ST-ZIP NEW YORK NY 4.4 CITY-ST-ZIP	!
TITLE D DELETE 5.1 TYLE Chang	ge Addition
NAME BEAN, CARL 52 NAME	
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CITY-ST-ZIP         LOS ANGELES CA         5.4 CITY-ST-ZIP           TITLE         FD         □ DELETE         6.1 TiTLE         □ Change	ge Addition
	Le Properties
NAME KAWATA, PAUL 6.2 NAME	
STREET ADDRESS 1931 13TH STREET, NW 6.3 STREET ADDRESS	
CITY-ST-ZIP WASHINGTON DC 20009  6.4 CITY-ST-ZIP  14. Lob bereby certify that the information supplied with this filling does not qualify for the examplion stated in Section 119.07(3Vi). Florida Statutes, I further certify the	

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if shanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

D. C. Drawell