

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003529

1. Entity Name
TALLAHASSEE AND AFRICAN SISTER CITIES
COALITION, INCORPORATED



FILED
CLERK OF STATE
DIVISION OF CORPORATION
04 AUG 27 PM 1:57

Principal Place of Business
2074 VICTORY GARDEN LANE
TALLAHASSEE, FL 32301

Mailing Address
PO BOX 7619
TALLAHASSEE, FL 32314-7619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08272004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3588722

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTLER, WILLIE L PHD
2074 VICTORY GARDEN LANE
TALLAHASSEE, FL 32301

Name

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

200040825152
09/03/04--01071--002 **61.25

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and time of filing (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME HENRY, ANTHONY
STREET ADDRESS 3145 PARKRIDGE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE D ☐ Change ☒ Addition
NAME Mary Rodgers Brooks
STREET ADDRESS 3343 Sedona Lane
CITY-ST-ZIP Tallahassee, FL 32308

TITLE P ☐ Delete
NAME BUTLER, WILLIE L
STREET ADDRESS 2074 VICTORY GARDEN LANE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE S ☐ Change ☒ Addition
NAME Tiffany Hamilton
STREET ADDRESS 1515 Paul Russell Road, Unit 31
CITY-ST-ZIP Tallahassee, FL 32301

TITLE D ☒ Delete
NAME ZIEGLER, DHYANA
STREET ADDRESS 1900 CENTER POINT BLVD., #274
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Change ☒ Addition
NAME Brendon Laster
STREET ADDRESS 3146 Chris Lane
CITY-ST-ZIP Tallahassee, FL 32305

TITLE VP ☒ Delete
NAME OWUSU-ANSAH, AGYAPONG
STREET ADDRESS 2309 TUPELO TERRACE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Change ☒ Addition
NAME Michael Walker
STREET ADDRESS 7004 Fox Glove Lane
CITY-ST-ZIP Tallahassee, FL 32312

TITLE S ☐ Delete
NAME HUDSON, WILLIAM
STREET ADDRESS 1001 HASSELL ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE D ☐ Change ☒ Addition
NAME Ben Harris
STREET ADDRESS P.O. Box 10264
CITY-ST-ZIP Tallahassee, FL 32302

TITLE T ☐ Delete
NAME CAMPBELL, MARILYN
STREET ADDRESS 724 PRESTON ST.
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE T ☒ Change ☐ Addition
NAME Marilyn Campbell
STREET ADDRESS 4320 Henry Robinson Way
CITY-ST-ZIP Tallahassee, FL 32309

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marilyn Campbell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #