

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # *N00000003529*

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



FILED

07 MAY -2 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2074 VICTORY GARDEN LANE
Suite, Apt. #, etc.

3. Mailing Address
Same P.O. Box 7619
Suite, Apt. #, etc.

CR2E037B (8/05)

City & State
TALLAHASSEE, FL

City & State
Tallahassee, FL

4. FEI Number
59-3588722

Applied For
☐ Not Applicable

Zip
32301

Country
USA

Zip
32314-7619

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Butler, Willie L PhD*

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

2074 VICTORY GARDEN LANE

City
TALLAHASSEE

FL

Zip Code

32304

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

Willie L Butler

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

(NOTE: Registered Agent signature required when reinstating)

May 2ND 2007

DATE

**FEE IS \$61.25
Initial or Amended AR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Butler, Willie Chairperson 2074 Victory Gdn Ln Tall FL 32301</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer Jesse Rios 2074 Victory Gdn Ln Tall FL 32301</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Antawn Liguize 2074 Victory Gdn Ln Tall, FL 32301</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ben Harris Member 2074 Victory Gdn Ln Tall, FL 32301</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Member Charles Beamer 2074 Victory Gdn Ln Tall, FL 32301</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Member Daam Shabazz 2074 Victory Gdn Ln Tall, FL 32301</i>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>400104255084 06/12/07-- 01008--030 **70.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Willie L Butler

May 2 07

*(850)
766-0173*