2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT # N0000003529 1. Entity Name TALLAHASSEE AND AFRICAN SISTER CITIES COALITION, INCORPORATED							-	BIS PH 3:	06
Principal Place of Business 2074 VICTORY GARDEN LANE TALLAHASSEE, FL 32301			Mailing Address PO BOX 7619 TALLAHASSEE, FL 32314-7619			300年1日1/4925号(FORIE) 02/18/0840MH389E. PEORIES			
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02152008 Ch	g-NP	CR2E037 (12/06)	
City & State			City & State			4. FEI Number 59-358872	2	<u> </u>	plied For
Zip	Country		Zip			5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Address of Current R	legistered Agent	stered Agent Name		7. Name and Address of New Registered Agent			
BUTLER, V 2074 VICT TALLAHAS	ORY GAR	RDEN LANE				P.O. Box Number is Not Acceptable)			
				City			FL Zip Code	9	
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 rathe of rootsteed agent and the floridation in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.									
	_	e is \$61.25 Nay 1, 2008	Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	· · · ·	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGE	S TO OFFICER	S AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		WILLIE TORY GARDEN LANE SSEE, FL 32301	☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SSE LORY GARDEN LANE SSEE, FL 32301	☐ Delete			☐ Change			☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2074 VIC	, ARTHUR TORY GARDEN LANE SSEE, FL 32301	☐ Delete		1			☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	M Delete HARRIS, BEN 2074 VICTORY GARDEN LANE TALLAHASSEE, FL 32301							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2074 VIC	CHARLES TORY GARDEN LANE SSEE, FL 32301	☐ Delete		1			Change	Addition .
THILE NAME STREET ADDRESS CITY-ST-ZIP	M SHABAZZ 2074 VIC		□ Delete					☐ Change	Addition
12. I hereby of indicated of the corchanged.	1		his filing does not qualify for	the exe	motions contained	in Chapter 119 Flori	ida Statutes I fu	irther certify that the in	oformation

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Tallahassee and African Sister Cities Coalition Inc. (TASCC)

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