## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003529

FILED Jun 12, 2009 Secretary of State

Entity Name: TALLAHASSEE AND AFRICAN SISTER CITIES COALITION, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 2074 VICTORY GARDEN LANE TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** PO BOX 7619 TALLAHASSEE, FL 323147619 FEI Number: 59-3588722 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUTLER, WILLIE L PHD 2074 VICTORY GARDEN LANE TALLAHASSEE, FL 32301 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BUTLER, WILLIE BUTLER, WILLIE Name: Name: Address: 2074 VICTORY GARDEN LANE Address: 2074 VICTORY GARDEN LANE City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 Title: () Delete Title: () Change () Addition Name: LUGISSE, ARTHUR Name: Address: 2074 VICTORY GARDEN LANE Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: () Change () Addition HARRIS, BEN Name: Name: 2074 VICTORY GARDEN LANE Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: ( ) Delete Title: () Change () Addition M Name: BEAMER, CHARLES Name: 2074 VICTORY GARDEN LANE Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: Title: () Delete () Change () Addition SHABAZZ, DAAIM Name: Name: 2074 VICTORY GARDEN LANE Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE BUTLER CEO 06/12/2009