

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90038 003 ****61.25

DOCUMENT # N00000004158					
1. Entity Name ELANDJAH INSTITUTE OF AFRICAN DANCE, INC.					
Principal Place of Business 3509 LILLIAN STREET, #A TALLAHASSEE, FL 32305			Mailing Address 3509 LILLIAN STREET, #A TALLAHASSEE, FL 32305		
2. Principal Place of Business 809 BRIANDAV STREET Suite, Apt. #, etc.		3. Mailing Address 809 BRIANDAV STREET Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FEI Number 31-1717591	
Zip 32305		Country LEON		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNIGHT, JANINE A 3509 LILLIAN STREET, #A TALLAHASSEE, FL 32305			7. Name and Address of New Registered Agent Name: JANINE A KNIGHT Street Address (P.O. Box Number is Not Acceptable): 809 BRIANDAV STREET City: TALLAHASSEE FL Zip Code: 32305		
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: <i>Janine A Knight</i> DATE: 7/8/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P NAME KNIGHT, JANINE A STREET ADDRESS 3509 LILLIAN STREET, #A CITY-ST-ZIP TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete		TITLE KNIGHT, JANINE A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 809 BRIANDAV STREET STREET ADDRESS TALLAHASSEE, FL 32305 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME GAYLE, MARGUERITA STREET ADDRESS 6048 SW 37TH STREET CITY-ST-ZIP MIRAMAR, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BOWERS, KEACHIA STREET ADDRESS 10660 WASHINGTON STREET, #203 CITY-ST-ZIP PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AD NAME GRAHAM, KIAH STREET ADDRESS POST OFFICE BOX 20648 CITY-ST-ZIP TALLAHASSEE, FL 32316	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE H NAME KAZA, ZALIKA STREET ADDRESS 325 MABREY STREET, #G CITY-ST-ZIP TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME KNIGHT, JANINE A STREET ADDRESS 3509 LILLIAN STREET, #A CITY-ST-ZIP TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete		TITLE KNIGHT, JANINE A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 809 BRIANDAV STREET STREET ADDRESS TALLAHASSEE, FL 32305 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Janine A Knight</i>			JANINE A. KNIGHT PRESIDENT 7/8/2005 (850) 878-8777		