

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000293

1. Entity Name
**SOCIETY OF CONCERNED AFRICANS LIVING
ABROAD, INC.**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -1 PM 12:12

Principal Place of Business
**20828 GUM ST
BLOUNSTOWN, FL 32424**

Mailing Address
**20828 GUM ST
BLOUNSTOWN, FL 32424**

2. Principal Place of Business

**175 Brittain Drive #5
Suite, Apt. #, etc.
#5**

3. Mailing Address

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State



☐ CHECK HERE IF MAKING CHANGES

03

4. FEI Number
59-3701156

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MBIZA, OMMETH
20828 GUM ST
BLOUNSTOWN, FL 32424**

7. Name and Address of New Registered Agent

Name

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

175 Brittain Drive #5

City **Tallahassee**

FL

Zip Code
32310

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Initial or Amended UBR**

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 **D** ☐ Delete
NAME **MBIZA, OMMETH**
STREET ADDRESS **175 BRITTAIR DRIVE #6**
CITY-STATE-ZIP **TALLAHASSEE, FL 32310**

TITLE **D** ☐ Delete
NAME **MBIZA, SARAH**
STREET ADDRESS **175 BRITTAIR DRIVE #6**
CITY-STATE-ZIP **TALLAHASSEE, FL 32310**

TITLE **D** ☐ Delete
NAME **MURDONA, CLAUDINS**
STREET ADDRESS **911 W. FRANKLIN STREET**
CITY-STATE-ZIP **QUINCY, FL 32351**

TITLE **D** ☐ Delete
NAME **GORIMARI, ELIZABETH**
STREET ADDRESS **911 W. FRANKLIN STREET**
CITY-STATE-ZIP **QUINCY, FL 32351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
000022293590
08/13/03--01072--031 **61.25

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/01/03

575 2991

Date

Daytime Phone #

CR2E037 (10/02)