

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006711

FILED  
Sep 29, 2004  
Secretary of State

**Entity Name:** THE SOCIETY OF AFROCENTRIC SCHOLARS AND ARTISTS, INC.

**Current Principal Place of Business:**

3101 NW 166TH STREET  
OPA LOCKA, FL 30054

**New Principal Place of Business:**

**Current Mailing Address:**

3101 NW 166TH STREET  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 55-0795862      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOOREHEAD, SHEILA L  
3101 NW 166TH STREET  
OPA LOCKA, FL 33054      US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: MOOREHEAD, SHEILA L  
Address: 3101 NW 166TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: COOPER, DAMON M  
Address: 3101 NW 166TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: RILEY, TONIA  
Address: 3101 NW 166TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: MOOREHEAD, TINA L  
Address: 3101 NW 166TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DIXON, LARRY  
Address: 3101 NW 166TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: S (X) Change ( ) Addition  
Name: MCCRAY, MAYA  
Address: 3101 NW 166TH STREET  
City-St-Zip: MIAMI, FL 33054

Title: T ( ) Change (X) Addition  
Name: MCCRAY, AINKOSI  
Address: 3101 NW 166TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHEILA MOOREHEAD

P

09/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date