

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006721

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** KIJANA EDUCATIONAL EMPOWERMENT INITIATIVE, INC.

**Current Principal Place of Business:**

321 NORTHLAKE BLVD., SUITE 202  
NORTH PALM BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

321 NORTHLAKE BLVD., SUITE 202  
NORTH PALM BEACH, FL 33408 US

**New Mailing Address:**

**FEI Number:** 33-1023377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NELSON, COLLEEN  
120 NORTH US HIGHWAY ONE  
SUITE 200  
TEQUESTA, FL 33469 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:** DP  
**Name:** CUMMINGS, JAMES P  
**Address:** 516 GULF ROAD  
**City-St-Zip:** NORTH PALM BEACH, FL 33408 US

**Title:** D  
**Name:** MADISON, MARK  
**Address:** 220 N TENNESSEE AVE  
**City-St-Zip:** MARTINSBURG, WV 25401 US

**Title:** D  
**Name:** YING, HELGA  
**Address:** 1211 OAKLAND AVENUE  
**City-St-Zip:** PIEDMONT, CA 94611 US

**Title:** D  
**Name:** GASS, ROBERT  
**Address:** UNICEF BANGKOK THAILAND P.O. BOX 5747  
**City-St-Zip:** NEW YORK, NY 10163 US

**Title:** V  
**Name:** HUBER, BRUCE  
**Address:** 4690 BRADY LN  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418 US

**Title:** D  
**Name:** DITARANTO, MARY  
**Address:** 109 SIENNA OAKS CIRCLE WEST  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES P. CUMMINGS

DP

04/25/2012

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

\_\_\_\_\_  
Date