


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N02000009786</b> 1. Entity Name <b>THE TALLAHASSEE KWANZAA ASSOCIATION, INC.</b>	
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Principal Place of Business <b>PO BOX 12496 TALLAHASSEE, FL 32317</b>	Mailing Address <b>PO BOX 12496 TALLAHASSEE, FL 32317</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**KELLY, WALTER  
824 BARRIE STREET  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

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 *Walter Kelly* DATE 4/29/04  
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOWNS, MADELYN 3711 SHAMROCK STREET WEST #J249 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL, MIAISHA M 8416 LULA LANE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, MARGARET 3011 KEVIN STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALDWIN, JOSEPH 1604 CALLEN STREET TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HAYNES, ZAID 2119 DELTA BLVD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

*KH*

200035848592  
05/11/04--01011--025 \*\*\$61.25

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: *Madelyn Towns* 4/30/2004 (850) 413-1280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
04 APR 30 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>81-0610179</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**