

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

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

5/5

05-05-2003 90147 047 \*\*\*\*61.25

**DOCUMENT # N02000009786**

1. Entity Name

**THE TALLAHASSEE KWANZAA ASSOCIATION, INC.**



Principal Place of Business

**3711 SHAMROCK STREET WEST #J249  
TALLAHASSEE FL 32308**

Mailing Address

**PO BOX 12496  
TALLAHASSEE FL 32317**

2. Principal Place of Business

**Post Office Box 12496**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tallahassee, Florida**

City & State

4. FEI Number

**81-0610179**

Applied For

☐ Not Applicable

Zip  
**32317**

Country  
**Leon**

Zip

Country

5. Certificate of Status Desired: ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

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

Name

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

City

**FL**

Zip Code

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**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
TOWNS, MADELYN D  
3711 SHAMROCK STREET WEST #J249  
TALLAHASSEE FL 32308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MITCHELL, MIAISHA M D  
8416 LULA LANE  
TALLAHASSEE FL 32309** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WHITE, MARGARET D  
3011 KEVIN STREET  
TALLAHASSEE FL 32301** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BALDWIN, JOSEPH D  
1604 CALLEN STREET  
TALLAHASSEE FL 32310** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**O  
HAYNES, ZAID  
2119 DELTA BLVD  
TALLAHASSEE FL 32303** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ 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:**

*Madelyn E. Towns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/2003**

Date

**(850) 413-1280**

Daytime Phone #

CR2E037 (10/02)