

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90019 001 \*\*\*\*61.25  
02-24-2006 90019 002 \*\*\*\*\*8.75

**DOCUMENT # N03000000590**



1. Entity Name  
**MUSEUM OF THE AFRICAN DIASPORA OF THE  
AMERICAS FOUNDATION, INC.**

Principal Place of Business  
**701 BRICKELL AVENUE SUITE 3000  
MIAMI, FL 33131**

Mailing Address  
**701 BRICKELL AVENUE SUITE 3000  
MIAMI, FL 33131**

**66002332**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**56-2377691**

Applied For  
Not Applicable

Zip

Country

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 New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE SUITE 3000  
MIAMI, FL 33131**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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  
**D  
LEE, TIFFANI  
701 BRICKELL AVENUE SUITE 3000  
MIAMI, FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOLLOWAY, MARVIN  
1915 BRICKELL AVE #C-801  
MIAMI, FL 33129** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOLIFIELD, MARILYN J  
701 BRICKELL AVENUE SUITE 3000  
MIAMI, FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 exemptions contained in Chapter 119, 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

**2/22/06 305 789-7130**  
Date Daytime Phone #

ATTACHMENT  
MARILYN HOLIFIELD

66002332  
#1103000002590

Marilyn Holifield  
305 789 7730  
mholifield@hklaw.com

February 22, 2006

**CERTIFIED MAIL**  
**Return Receipt Requested**

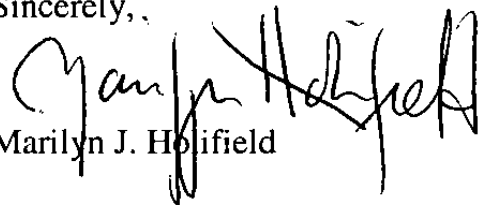
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Museum of the African Diaspora of the Americas Foundation

Dear Sir or Madam:

Enclosed are two checks: one in the amount of \$61.25 for the Annual Report and the other in the amount of \$8.75 for a copy of the Certificate of Status.

Sincerely,

  
Marilyn J. Holifield

Enclosures

# 3529482\_v1