

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000667

FILED  
Jul 23, 2007  
Secretary of State

**Entity Name:** AYOKAGIFTS INTERNATIONAL AFRICAN CULTURAL CENTER INC.

**Current Principal Place of Business:**

18972 NE 21ST ST.  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

19024 NE 21ST ST.  
GAINESVILLE, FL 32609

**New Mailing Address:**

**FEI Number:** 06-1704601      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

JASEY, DAISY C  
19024 NE 21 STREET  
GAINESVILLE, FL 32609      US

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: PRES      ( ) Delete  
Name: JASEY, DAISY C  
Address: 19024 NE 21 STREET  
City-St-Zip: GAINESVILLE, FL 32609

Title: SEC.      ( ) Delete  
Name: LEWIS-KHUFIA, CANDACE  
Address: P.O. BOX 6779  
City-St-Zip: OCALA, FL 34478

Title: TREA      ( ) Delete  
Name: HENRY, TERRY L  
Address: 3721 SE 17TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32641

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

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

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

Title: TREA      (X) Change ( ) Addition  
Name: BLAIZE, LUKE  
Address: P.O.BOX150314  
City-St-Zip: ALTAMONTE SPRINGS, FL 32715-031 4

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAISY C. JASEY

DR.

07/23/2007

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

\_\_\_\_\_  
Date