

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90106 025 ****61.25

DOCUMENT # N04000002683



1. Entity Name

THE WEST-INDIAN AMERICAN EDUCATIONAL &
CULTURAL NETWORK, INC.

Principal Place of Business

5805 BUCKLEY DRIVE
JACKSONVILLE FL 32244

Mailing Address

5805 BUCKLEY DRIVE
JACKSONVILLE FL 32244

2. Principal Place of Business - No P.O. Box #

5805 BUCKLEY Drive

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

Country

32244

UNITED STATES

4. FEI Number

55-0871444

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

MITCHELL, KEN BONAPARTE
5805 BUCKLEY DRIVE
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name

SAME

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

SAME

1-30-2007

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	BM	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, VORCILE	
STREET ADDRESS	8859 OLD KINGS RD S	
CITY- ST- ZIP	JACKSONVILLE FL 32217	
TITLE	T	<input type="checkbox"/> Delete
NAME	MITCHELL, KEN B	
STREET ADDRESS	5805 BUCKLEY DR	
CITY- ST- ZIP	JACKSONVILLE FL 32244	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, MARY DELL	
STREET ADDRESS	5805 BUCKLEY DR	
CITY- ST- ZIP	JACKSONVILLE FL 32244	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, MARY DELL	
STREET ADDRESS	5805 BUCKLEY DRIVE	
CITY- ST- ZIP	JACKSONVILLE FL 32244	
TITLE	T	<input type="checkbox"/> Delete
NAME	MITCHELL, KEN B	
STREET ADDRESS	5805 BUCKLEY DRIVE	
CITY- ST- ZIP	JACKSONVILLE FL 32244	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MITCHELL, KEN B	
STREET ADDRESS	5805 BUCKLEY DRIVE	
CITY- ST- ZIP	JACKSONVILLE FL 32244	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ken Bonaparte

1-30-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #