2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000002683

1. Entity Name

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 25 AM 9:04

Principal Place of Business	Mailing Address
5805 BUCKLEY DRIVE JACKSONVILLE FL 32244	5805 BUCKLEY DRIVE JACKSONVILLE FL 32244

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 55-0871444 ☐ Applied For ☐ Not Applicable

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
MITCHELL, KEN BONAPARTE 5805 BUCKLEY DRIVE JACKSONVILLE FL 32244	Name: Ken Bonaparte Mitchell Street Address (P.O. Box Number is Not Acceptable): 5805 Buckley Drive City: Jacksonville, FL Zip Code: 32244

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.

000119104780
02/29/08--01009--025 **70.00

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
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MITCHELL, KEN B 5805 BUCKLEY DR JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman, Board of Dir. Rev. Harvey Kirkland 7532 Impala Lane, Jacksonville FL 32244 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MITCHELL, MARY DELL 5805 BUCKLEY DR JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Kathleen Mc Guire 6915 Recreation Trail Jacksonville, FL 32244 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MITCHELL, MARY DELL 5805 BUCKLEY DRIVE JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ojanka Ehe 8359 Staplehurst Dr. West Jacksonville, FL 32244 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MITCHELL, KEN B 5805 BUCKLEY DRIVE JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Alice Kirkland 7532 Impala Lane Jacksonville, FL 32244 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MITHCELL, KEN B 5805 BUCKLEY DR JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Lyneipolor Mellen P.O. Box 8508 Jacksonville, FL 32234 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 2/26/08	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KEN B. MITCHELL President & CEO 5805 Buckley Drive Jacksonville, FL 32244 ☐ Change XX Addition

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 B Mitchell 1-24-08 (904) 317-8985