## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002716

Entity Name: AFRICAN CULTURAL COALITION, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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3341 N UNIVERSITY DRIVE SUITE 2

HOLLYWOOD, FL 33024 US

Current Mailing Address: New Mailing Address:

8362 PINES BLVD SUITE 216

PEMBROKE PINES, FL 33024 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

VASSALL, KWADWO
18459 PINES BLVD
3341 N UNIVERSITY DR

SUITE 190 SUITE 2
PEMBROKE PINES, FL 33029 US HOLLYWOOD, FL 33024 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: KWADWO VASSALL 04/30/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: VASSALL, KWADWO Name: VASSALL, KWADWO

Address: 18459 PINES BLVD, STE 190 Address: 3341 N UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL 33029 US City-St-Zip: HOLLYWOOD, FL 33024 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 LYDIA, EDELL JR.
 Name:
 LYDIA, EDELL JR.

 Address:
 1025 NE 3RD AVENUE
 Address:
 8362 PINES BLVD #216

City-St-Zip: FT LAUDERDALE, FL 33304 US City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 EFUNBOLADE, YEYEFINI
 Name:

 Address:
 P. O. BOX 26474
 Address:

 City-St-Zip:
 TAMARAC, FL 33320 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KWADWO VASSALL D 04/30/2005