

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90048 023 ****61.25

DOCUMENT # N04000011872

1. Entity Name
THE CHESS DRUM, INC.



Principal Place of Business
**P. O. BOX 7663
TALLAHASSEE, FL 32314-7663**

Mailing Address
**P. O. BOX 7663
TALLAHASSEE, FL 32314-7663**

50055878



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
41-2160953

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

**SHABAZZ, DAAIM
2001 OLD ST. AUGUSTINE RD., G106
TALLAHASSEE, FL 32314-7663**

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 September 7, 2005**

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 **D** ☐ Delete
NAME **SHABAZZ, DAAIM**
STREET ADDRESS **P. O. BOX 7663**
CITY-ST-ZIP **TALLAHASSEE, FL 323147663**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WILSON, ELVIN**
STREET ADDRESS **5246 N. CARLISLE**
CITY-ST-ZIP **PHILADELPHIA, PA 19141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STAR, KINANI**
STREET ADDRESS **1721 BERKELEY WAY, APT.**
CITY-ST-ZIP **BERKELEY, CA 94703**

TITLE ☐ Change ☐ Addition
NAME **STANCIL, KIMANI**
STREET ADDRESS **1721 BERKELEY WAY, APT. #1**
CITY-ST-ZIP **BERKELEY, CA 94703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

14 July

(850)656-1695

DATE

Daytime Phone #