

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N05000003374

1. Entity Name

COALITION AFRICAN DIASPORA STUDIES, INC.



Principal Place of Business

744 VASSAR RD
DELAND, FL 32724

Mailing Address

744 VASSAR RD
DELAND, FL 32724



04182007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3785039

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COGGINS, PATRICK C DR
744 VASSAR RD
DELAND, FL 32724

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IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COGGINS, PATRICK C DR
STREET ADDRESS	744 VASSAR RD
CITY-ST-ZIP	DELAND, FL 32724
TITLE	V
NAME	KELLEY, BERNADETTE DR
STREET ADDRESS	744 VASSAR RD
CITY-ST-ZIP	DELAND, FL 32724
TITLE	S
NAME	NEWELL, CYNTHIA
STREET ADDRESS	744 VASSAR RD
CITY-ST-ZIP	DELAND, FL 32724
TITLE	T
NAME	LIGHTFOOT, RANDY
STREET ADDRESS	744 VASSAR RD
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/07-80014-025 70.00

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IN THIS SPACE**

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

Dr Patrick C. Coggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07
Date

561-707-0766
Daytime Phone #