

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90024 031 \*\*\*\*70.00

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1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N05000003380</b>					
1. Entity Name <b>AFRICAN CULTURAL ARTS/HUMANITIES EXCHANGE, INC.</b>					
Principal Place of Business <b>1506 N.E. 12TH TERRACE GAINESVILLE FL 32601</b>			Mailing Address <b>1506 N.E. 12TH TERRACE GAINESVILLE FL 32601</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEL Number <b>74-3171306</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ADDIE, FEMI 1506 N.E. 12TH TERRACE GAINESVILLE FL 32601</b>				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHRM ADDIE, FEMI 1506 N.E. 12TH TERRACE GAINESVILLE FL 32601 <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADDIE, FEMI 1506 N.E. 12TH TERRACE GAINESVILLE FL 32601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MENSAH, HUBERT 1506 N.E. 12TH TERRACE GAINESVILLE FL 32601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S THOMAS, RHODA 1506 N.E. 12TH TERRACE GAINESVILLE FL 32601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRIGGS, PERRY 1506 N.E. 12TH TERRACE GAINESVILLE FL 32601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OOUNLANO, AWOBARE 1506 N.E. 12TH TERRACE GAINESVILLE FL 32601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <b>FEMI ADDIE</b>				3/10/06 352-339-5446	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	