



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000003380	
1. Entity Name AFRICAN CULTURAL ARTS/HUMANITIES EXCHANGE, INC.	

Principal Place of Business 1506 N.E. 12TH TERRACE GAINESVILLE, FL 32601	Mailing Address 1506 N.E. 12TH TERRACE GAINESVILLE, FL 32601
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04242008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 74-3171306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADDIE, FEMI
1506 N.E. 12TH TERRACE
GAINESVILLE, FL 32601

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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: Femi Addie, FEMI ADDIE (CHRM) DATE: 4/24/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM ADDIE, FEMI 1506 N.E. 12TH TERRACE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADDIE, FEMI 1506 N.E. 12TH TERRACE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENSAH, HUBERT 1506 N.E. 12TH TERRACE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, RHODA 1506 N.E. 12TH TERRACE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, PERRY 1506 N.E. 12TH TERRACE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OQUNLANO, AWOBARE 1506 N.E. 12TH TERRACE GAINESVILLE, FL 32601

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05/21/08-80111-021 61.25

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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: Femi Addie FEMI ADDIE DATE: 4/24/08 DAYTIME PHONE: 352-335-0880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR