

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008094

FILED
Apr 29, 2009
Secretary of State

Entity Name: AFRICAN MUSIC AND DANCE INC.

Current Principal Place of Business:

1908 NANETTE DR
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3711
TALLAHASSEE, FL 323153711

New Mailing Address:

FEI Number: 20-5243083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATSVAIRO, TAWAINGA
1908 NANETTE STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KATSVAIRO, TAWAINGA DR.
Address: 1908 NANETTE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: RICH, JIMMY DR.
Address: 1523 SUMTER STREET
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: GRESKO, DEBORAH
Address: 2023 OWENBY DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TAWAINGA KATSVAIRO

PRE

04/29/2009

Electronic Signature of Signing Officer or Director

Date