2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003145

FILED Apr 21, 2012 Secretary of State

Entity Name: TALLAHASSEE AFRICAN COALITION, INC.

Current Principal Place of Business: New Principal Place of Business:

3217 STORRINGTON DRIVE TALLAHASSEE, FL 32309 US

Current Mailing Address: New Mailing Address:

P. O. BOX 11352

TALLAHASSEE, FL 32302 US

FEI Number: 90-0458494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ORONJE, DAN O MR. 2957 CAPITAL PARK DR. SUITE 8 TALLAHASSEE, FL 32301 US

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: F

Name: SAWYERR, OLU E ENG.
Address: 4662 RUSSELLS POND LN
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VP

Name: ORONJE, DAN

Address: 2957 CAPITAL PARK DR.
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: VP

Name: MTENGA, PRIMUS PHD
Address: 3212 HEATHER HILL LN
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VP

 Name:
 ORONJE, DAN O MR.

 Address:
 2201 KILLARNEY WAY

 City-St-Zip:
 TALLAHASSEE, FL 32309 US

Title: 5

Name: MUTENGA, BLUMMER
Address: 824 EAGLE VIEW DR
City-St-Zip: TALLAHASSEE, FL 32311

Title:

Name: PIERRE, NGNEPIEBA D PHD Address: 3217 STORRINGTON DR. City-St-Zip: TALLAHASSEE, FL 32309 US

I hereby 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 all other like empowered.

SIGNATURE: PIERRE D NGNEPIEBA T 04/21/2012