

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010506

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** CONCERNED CITIZENS OF THE BLACK AFRICAN AMERICAN COMMUNITY, INC

**Current Principal Place of Business:**

1050 WAYNE AVE, APT 31  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

1050 WAYNE AVE, APT 31  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

**FEI Number:** 45-3624498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, MELVIN J SR  
1050 WAYNE AVE, APT 31  
NEW SMYRNA BEACH, FL 32168 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:** P  
**Name:** BROWN, MELVIN J SR  
**Address:** 1050 WAYNE AVE, APT 31  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168

**Title:** S  
**Name:** RAINGE, GWENDOLYN  
**Address:** 510 NORTH DUSS STREET  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168

**Title:** AT  
**Name:** JEFFERSON, YVONNE C  
**Address:** 1050 WAYNE AVE, APT #3  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168

**Title:** VP  
**Name:** MUJAHID, HABIBULLAH  
**Address:** 434 NORTH MYRTLE AVENUE  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168

**Title:** AS  
**Name:** DARRISAW, JOSEPH ELDER  
**Address:** 518 NORTH MYRTLE AVENUE  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168

**Title:** T  
**Name:** WHITE, MILDRED B  
**Address:** 540 SINNKAA STREET  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168

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:** MELVIN J. BROWN SR.

PRES

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date