2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N17824

1. Entity Name
THE CHAKA CHINYELU FOUNDATION, INC.

FILED
06 JUN -6 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06062006 Chg-NP CR2E037 (4/06)

Principal Place of Business	Mailing Address
3020 WEST LAKESHORE DRIVE TALLAHASSEE, FL 32312	265 PARK LANE DOUGLASTON MANOR, NY 11363

2. Principal Place of Business	3. Mailing Address
P.O. Box 38537 Suite, Apt. #, etc. same	P.O. Box 38537 Suite, Apt. #, etc.
City & State Tallahassee, Fl.	City & State Tallahassee, Fl.
Zip 32315-8537 Country	Zip 32315-8537 Country

4. FEI Number 59-3066745 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIDD, MARY A. 3020 WEST LAKESHORE DRIVE TALLAHASSEE, FL 32312	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIDD, CHARLES C 3020 W. LAKESHORE DRIVE TALLAHASSEE, FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPED KIDD, MARY A 3020 W. LAKESHORE DRIVE TALLAHASSEE, FL 32313 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIDD, CHEKESHA C 3020 WEST LAKESHORE DRIVE TALLAHASSEE, FL 323121805 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIDD, CHANGA C 3020 LAKESHORE DRIVE TALLAHASSEE, FL 32312 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chekesha Chisara Kidd P.O. Box 38537 Tallahassee, Fl. 32312 Tres./Sec. ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600076399576 06/20/06--01072--022 **61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 6/7/06 ☐ Change ☐ Addition

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: Mary A. Kidd — 6-6-06 — 850-385-0613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #