

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17824

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** THE CHAKA CHINYELU FOUNDATION, INC.

**Current Principal Place of Business:**

3020 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

3020 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 US

**Current Mailing Address:**

P.O. BOX 38537  
TALLAHASSEE, FL 323158537

**New Mailing Address:**

P.O. BOX 38537  
TALLAHASSEE, FL 323158537 US

**FEI Number:** 59-3066745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KIDD, MARY A  
3020 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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: PRES  
Name: KIDD, CHARLES C SR.  
Address: 3020 LAKESHORE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPED  
Name: KIDD, MARY A  
Address: 3020 LAKESHORE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32313

Title: DT  
Name: KIDD, CHEKESHA C  
Address: P.O. BOX 38537  
City-St-Zip: TALLAHASSEE, FL 32312

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: MARY A. KIDD

V.P.

03/30/2012

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

\_\_\_\_\_  
Date