

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2004  
Secretary of State**

DOCUMENT# N37216

Entity Name: ASHANTI CULTURAL ARTS & ENRICHMENT, INC.

**Current Principal Place of Business:**

2650 SIS TRUCK BLVD  
FT.LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

2650 SISTRUCK BLVD  
FT.LAUDERDALE, FL 33311 US

**Current Mailing Address:**

P. O. BOX 491856  
LAUDERDALE LAKES, FL 33349 US

**New Mailing Address:**

FEI Number: 65-0209351      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FILINGS, INC.  
3732 NORTHWEST 16TH STREET  
FT. LAUDERDALE, FL 33311 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: JONES, LINDA H.,  
Address: 2900 N.COURSE DR BLG 53 #110  
City-St-Zip: POMPANO BEACH, FL 33069

Title: P      ( ) Delete  
Name: FLECTCHER, JOANN  
Address: 245 NW 117 ST  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S      ( ) Delete  
Name: BAKER, SHIRLEY  
Address: 4670 NW 4 CT  
City-St-Zip: PLANTATION, FL 33317

Title: T      ( ) Delete  
Name: BROWN, SHERI  
Address: 507 GARDENS DR.STE 240  
City-St-Zip: POMPANO BEACH, FL 33069

Title: T      ( ) Delete  
Name: JOHNSON, ELIZABETH  
Address: 2655 SW 73 WAY  
City-St-Zip: DAVIE, FL 33314

Title: T      ( ) Delete  
Name: CHARLTON, OLIVIA  
Address: 1302 NW 9TH AVE  
City-St-Zip: FT.LAUDERDALE, FL

**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:

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 for the exemption stated in Section 119.07(3)(i), 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: LINDA H. JONES

D

04/27/2004

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

\_\_\_\_\_  
Date