NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37216

1. Entity Name

Ashanti Cultural Arts Enrichment, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 18 PM 12:47

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2650 Sistrunk Blvd.	P.O. Box 491856
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Lauderdale Lakes, FL
Zip: 33311 Country: US	Zip: 33349 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0209351 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Filings, Inc.

Street Address (P.O. Box Number is Not Acceptable): 3732 NW 16 St.

City: Ft. Lauderdale FL Zip Code: 33311

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE D NAME Jones, Linda H. STREET ADDRESS 2900 N. Course Dr. 319-53rd #110 CITY-ST-ZIP Pompano Beach, FL 33069		TITLE NAME 300017916613 STREET ADDRESS 05/02/03--01117--012 **70.00 CITY-ST-ZIP	
TITLE P NAME Fletcher, Joann STREET ADDRESS 245 NW 117 ST. CITY-ST-ZIP Coral Springs, FL 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S NAME Baker, Shirley STREET ADDRESS 467D NW 4 Ct. CITY-ST-ZIP Plantation, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE T NAME Brown, Sheri STREET ADDRESS 507 Gardens Dr, Ste 240 CITY-ST-ZIP Pompano Beach, FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T NAME Johnson, Elizabeth STREET ADDRESS 2655 SW 73 Way CITY-ST-ZIP Davie, FL 33314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T NAME Charlton, Olivia STREET ADDRESS 1302 NW 9th Ave. CITY-ST-ZIP Ft. Lauderdale, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Linda H. Jones Linda H. Jones 4/18/03 (954) 979-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #