

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 FEB -7 AM 7:59

DOCUMENT # N38600 (5)

1. Corporation Name

AFRICAN-AMERICAN LEADERSHIP COUNCIL, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**354 JACKSON STREET
DUNEDIN FL 34698**

3. Date Incorporated or Qualified **06/12/1990** 3a. Date of Last Report **02/28/1994**
4. FBI Number **59-3047645** Applied For ☐
Not Applicable ☐
5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution Added to Fees**
7. Nonprofit with IRS 501(c)(3) ☒ **\$68.75 Supplemental
Tax Exempt Status Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HABEEB-ULLAH, BILAL F.
354 JACKSON STREET
DUNEDIN FL 34698**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **HABEEB-ULLAH, BILAL F.**
STREET ADDRESS **354 JACKSON ST.**
CITY-ST-ZIP **DUNEDIN FL**
TITLE **DV**
NAME **DORSETT, DEBRA**
STREET ADDRESS **1124-B OAK COURT**
CITY-ST-ZIP **DUNEDIN FL**
TITLE **DTS**
NAME **LEE, REGINALD S**
STREET ADDRESS **11716-K 58TH STREET NORTH**
CITY-ST-ZIP **TAMPA FL**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **FORMER BOARD MEMBER**
3.3 STREET ADDRESS **(RESIGNED: NOV. 25, 1994)**
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **MHAMMAD ABUL-RAHIM**
4.4 CITY-ST-ZIP **413 EWING STREET**
CLEARWATER, FL 34616
5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **BERNICE ELLIOTT**
5.4 CITY-ST-ZIP **1428 OVERLEA STREET**
CLEARWATER, FL 34615
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bilal F. Habeeb-ullah* Bilal F. Habeeb-ullah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/95 (813) 298-8105
(813) 734-2708