

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N38600 (5)**  
1. Corporation Name  
**AFRICAN-AMERICAN LEADERSHIP COUNCIL, INC.**



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

Mailing Address  
**354 JACKSON STREET  
DUNEDIN FL 34698**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/12/1990</b>		3a. Date of Last Report <b>02/07/1995</b>	
21		26		4. FEI Number <b>59-3047645</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

## 9. Name and Address of Current Registered Agent

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

## 10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

## SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HABEEB-ULLAH, BILAL F.</b>	1.2 NAME	
STREET ADDRESS	<b>354 JACKSON ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>FORMER BOARD MEMBER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORSETT, DEBRA</b>	2.2 NAME	
STREET ADDRESS	<b>1124-B OAK COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIOT, BERNICE</b>	3.2 NAME	
STREET ADDRESS	<b>1428 OVERLEA STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUHAMMAD, ABDUR-RAHIM</b>	4.2 NAME	
STREET ADDRESS	<b>413 EWING STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34616</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>S/T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>ANNETTE E. ELLIOTT</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1461 OVERLEA STREET</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34615</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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** **JUNE 4, 1996** **(813) 734-2708**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)