


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90042 029 \*\*\*\*70.00

0077379

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # N38600**

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**06/12/1990**

4. FEI Number

**59-3047645**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

**\$5.00** May Be

Added to Fees

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

TITLE **PD** ☐ DELETE

NAME **HABEEB-ULLAH, BILAL F.**

STREET ADDRESS **354 JACKSON ST.**

CITY-ST-ZIP **DUNEDIN FL**

TITLE **D** ☐ DELETE

NAME **ELLIOT, BERNICE**

STREET ADDRESS **1428 OVERLEA STREET**

CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE

NAME **MUHAMMAD, ABDUR-RAHIM**

STREET ADDRESS **605 PALM BLUFF ST**

CITY-ST-ZIP **CLEARWATER FL**

TITLE **STD** ☐ DELETE

NAME **ANNETTE E. ELLIOTT**

STREET ADDRESS **1461 OVERLEA ST.**

CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE

NAME **BIREDA, MARTHA R**

STREET ADDRESS **PO BOX 10171 N/A**

CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

**BILAL F. HABEEB-ULLAH** JAN. 9, 1999 (727) 298-8105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)