SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $325)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 10:29

DOCUMENT # **N40160** **(6)**

1. Corporation Name

BANTU, INC.

Principal Place of Business	Mailing Address
% DAVID HENDERSON 2507 SIR WILLIAMS STREET TALLAHASSEE FL 32310	% DAVID HENDERSON 2507 SIR WILLIAMS STREET TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 09/28/1990
3a. Date of Last Report: 08/04/1994
4. FEI Number: 59-3030307 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENDERSON, DAVID
2507 SIR WILLIAMS ST.
TALLAHASSEE FL 32310

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] DAVID HENDERSON 6/13/95
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	DC	11 TITLE	☐ Change ☐ Addition
NAME	HARRIS, LEE	12 NAME	
STREET ADDRESS	705 BROOKRIDGE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	DS ☒ Change ☐ Addition
NAME	FERRELL, ERNEST	22 NAME	Sammy L. Phillips
STREET ADDRESS	1116 TANNER DRIVE	23 STREET ADDRESS	2090 Mistletoe Court
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	DT	31 TITLE	DT ☒ Change ☐ Addition
NAME	POWELL, ERROL H.	32 NAME	Matthew M. Carter
STREET ADDRESS	2013 AMBOISE COURT	33 STREET ADDRESS	1904 Miccousukee Rd Unit 6
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(i), 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: [signature] Lee E. Harris 6/13/95 Board Chair
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002732