

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90159 023 ****61.25

DOCUMENT # N46999

1. Corporation Name

IKPE PROGRESSIVE ASSOCIATION, INC.

Principal Place of Business

13551 SW 62 AVENUE
MIAMI FL 33156

Mailing Address

13551 SW 62 AVENUE
MIAMI FL 33156



2. Principal Place of Business

21 18270 SW 142 PLACE

2a. Mailing Address

26 18270 SW 142 PLACE

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

NA

City & State

23 MIAMI, FL 33177

City & State

28 MIAMI, FL

Zip

33177

Country

USA

Zip

33177

Country

USA

3. Date Incorporated or Qualified

01/24/1992

4. FEI Number

65-0595134

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

SIEGEL, BERNARD F
10723 S.W. 104 ST
MIAMI FL 33156

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 IPKE, NSIDIBE
STREET ADDRESS 13551 SW 62 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME IKPEINYANG, BASSEY (address Change)
STREET ADDRESS 12140 SW 202 STREET
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE

NAME IKPE, UWEM
STREET ADDRESS 20846 SW 122 CT
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME IKPEINYANG, MERCY (Delete)
STREET ADDRESS 12140 SW 202 ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

IKPEINYANG, BASSEY
18270 SW 142 PLACE
MIAMI, FL.

IKPE, MARGARET
20535 SW 82 CT.
MIAMI, FL

14. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/3/99 (305) 2561165

CR2E037 (11/98)

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