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 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N51123** **(0)**

1. Corporation Name

THE TALLAHASSEE CITYWIDE KWANZAA ASSOCIATION, IN CORPORATED.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2334 NERRIGAN PL TALLAHASSEE FL 32308	P.O. BOX 5071 TALLAHASSEE FL 32314-5071

3. Date Incorporated or Qualified: **10/05/1992**

3a. Date of Last Report: **08/09/1994**

4. FEI Number: **59-3146192** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — County — 25 / 30

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 ☐ **$68.75** Supplemental Fee Not Required

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BALDWIN, JOSEPH A.
1604 CALLEN STREET
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 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TOWNS, MADELYN	12 NAME	
STREET ADDRESS	2334 NERRIGAN PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	FATAMA AZIBO	22 NAME	
STREET ADDRESS	6460 CAVALCADE TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	LOCKE, IVY	32 NAME	
STREET ADDRESS	3847 MCFARLANE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	ALIYY, AKIBA	42 NAME	
STREET ADDRESS	1509 CHINNAPAKIN NENE	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	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	

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: Ivy Locke Ivy Locke 4/26/95 Phone Contact President at

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

668-9657

0007883