


FILE NOW. FILING FEE IS \$61.25

APPROVED
AND
FILED

99 JUL 20 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N51123		
1. Corporation Name TALLAHASSEE KWANZAA ASSOCIATION, INC.		
Principal Place of Business P.O. BOX 5071 TALLAHASSEE FL 32314	Mailing Address P.O. BOX 5071 TALLAHASSEE FL 32314	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3146192	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WALKER, CHRISS 3110 PASCO STREET TALLAHASSEE FL 32310-6880				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	TOWNS, MADELYN			1.2 NAME			
STREET ADDRESS	5223 BEN BRUSH TRAIL			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENSON, SONJA			2.2 NAME	Vice President D		
STREET ADDRESS	1698-23 STUCKLEY AVENUE			2.3 STREET ADDRESS	Denise McNeal		
CITY-ST-ZIP	TALLAHASSEE FL 32310			2.4 CITY-ST-ZIP	3213 Wheatley Road Tallahassee, FL 32310		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCNEAL, DENISE			3.2 NAME	Secretary D		
STREET ADDRESS	3213 WHEATLEY RD.			3.3 STREET ADDRESS	Abyssinia MoKonnen		
CITY-ST-ZIP	TALLAHASSEE FL 32310			3.4 CITY-ST-ZIP	Post Office Box 3681 Tallahassee, FL 32316		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME	700002939177--1		
STREET ADDRESS				4.3 STREET ADDRESS	-07/22/99--01091--025		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	*****70.00 *****70.00		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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 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: Madeleine Townsend 7/20/99 (850) 488-4406
DATE: 7/20/99 DAYTIME PHONE: (850) 488-4406

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