


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000000019 1. Entity Name INSTITUTE FOR AFRICAN-AMERICAN HEALTH, INC.	
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Principal Place of Business 2048 CENTRE POINTE LANE TALLAHASSEE, FL 32308 US	Mailing Address 2048 CENTRE POINTE LANE TALLAHASSEE, FL 32308 US
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DO NOT WRITE IN THIS SPACE



07192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3179419	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WEBSTER, JOSEPH L SR 2048 CENTRE POINTE LANE TALLAHASSEE, FL 32308
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEBSTER, JOSEPH L S SR 2048 CENTRE POINTE LANE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BYRD, HAROLD 6486 S. WINDWOOD HILLS CIRCLE TALLAHASSEE, FL 323119322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BYRD, CLINTON 6496 S. WINDWOOD HILLS CIRCLE TALLAHASSEE, FL 323119322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/22/04-80011-005 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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