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FILED  
May 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000001724 (4)

1. Corporation Name

AFRICAN DESCENT TASK FORCE, INC.



Principal Place of Business

Mailing Address

4929 N.W. 17TH AVE.  
MIAMI FL 33142

4929 N.W. 17TH AVE.  
MIAMI FL 33142-4138

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4929 N.W. 17th Ave

22 City & State

27 City & State

23 Zip

Country

28 Miami

29 33142

Country

30 Dade

3. Date Incorporated or Qualified

04/16/1993

3a. Date of Last Report

04/19/1996

4. FEI Number

65-0447656

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRAZIER, EUFAULA  
4929 N.W. 17TH AVE.  
MIAMI FL 33142

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.

(Not Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME POINDEXTER, CASSIE  
STREET ADDRESS 2101 N.W. 60TH ST.  
CITY-ST-ZIP MIAMI FL 33142

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME PROCTOR, NADINE  
STREET ADDRESS 20802 N.W. 33RD CT.  
CITY-ST-ZIP MIAMI FL 33055

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME JOYCE, SHARON  
STREET ADDRESS 4361 N.W. 178TH DR.  
CITY-ST-ZIP MIAMI FL 33142

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME FRAZIER, EUFAULA  
STREET ADDRESS 4929 N.W. 17TH AVE.  
CITY-ST-ZIP MIAMI FL 33142

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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, on an attachment with an address.

CASSIE POINDEXTER

CR2E037 (9/96)