

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 01 1998 8:00am
Secretary of State

DOCUMENT # N93000001724 (4)

1. Corporation Name

AFRICAN DESCENT TASK FORCE, INC.

Principal Place of Business

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

Mailing Address

4929 NW 17TH AVE
MIAMI FL 33149
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Data Incorporated or Qualified

04/16/1993

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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

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.

SIGNATURE:

Eufula Frazier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April

24 1998/305/6344479

Date Daytime Phone # 0029789

CR2E037 (1097)