

FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90107 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000000325					
1. Corporation Name AFRICAN PEOPLE'S EDUCATION AND DEFENSE FUND, INC					
Principal Place of Business 1245 18TH AVE SOUTH ST PETERSBURG FL 33705			Mailing Address 1245 18TH AVE SOUTH ST PETERSBURG FL 33705		

531170 - 90107 - 38



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/13/1994 4. FEI Number 53-3252727 59-3252727 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	
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9. Name and Address of Current Registered Agent DONALDSON, ALVELITA 1181 9TH AVE SOUTH ST PETERSBURG FL 33701				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			
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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	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	JOHNSON, DEBORAH			1.2 NAME			
STREET ADDRESS	5634 WOOD			1.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60636			1.4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	DAVIS, HARRIET			2.2 NAME			
STREET ADDRESS	1245 18TH AVE SOUTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33705			2.4 CITY-ST-ZIP			
TITLE	VPD	☐ DELETE		3.1 TITLE	☒ Change ☐ Addition		
NAME	HESS, PENNY			3.2 NAME			
STREET ADDRESS	3742 GRAND AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND CA 94610			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ 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:

 **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

(727) 821-6620

Daytime Phone #

CR2E037 (1/98)