

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000325

1. Entity 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 33705-2549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3252727

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONALDSON, ALVELITA
1181 9TH AVE SOUTH
ST PETERSBURG FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JOHNSON, DEBORAH
STREET ADDRESS 5634 WOOD
CITY-ST-ZIP CHICAGO IL 60636

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME DAVIS, HARRIET
STREET ADDRESS 1245 18TH AVE SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33705

☐ Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE TR
NAME HESS, PENNY
STREET ADDRESS 3742 GRAND AVENUE
CITY-ST-ZIP OAKLAND CA 94610

☐ Delete

TITLE S/T/D
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

Date

(727) 821-2437

Daytime Phone #

CR2E037 (9/99)