2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name AFRICAN PEOPLE'S EDUCATION AND DEFENSE FUND, INC.				Secretary of S		
Principal Plac	ce of Business	Mailing Address				
ST PETERSBURG 33705	G FL	ST PETERSBURG 33705	FL			
2. Principal Place of Business 3. Mailing Addre 1245 18TH AVE SOUTH 1245 18TH AVE SOUT Suite, Apt. #, etc. Suite, Apt. #						
SUITE 4 City & State		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
ST PETERSBURG	G FL	City & State	FL	4. FEI Number 59-3252727	Applied For Not Applicable	
Zip 33705	Country	Zip 33705	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe	red Agent	
DONALDSON ALVELITA				Name DONALDSON ALVELITA		
1181 9TH AV			Street Address (P.O. Box Number is Not Acceptable) 1100 13TH AVE SOUTH			
ST PETERSBURG FL 33701 US					Zip Code	
8. The above named entity submits this statement for the purpose of changing its regis				and believe the second	FL 33705	
		, the purpose of chariging its re	sgister ed office o	•	, / 19/2000	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE F	Registerad Agent signal		ATE	
	FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contribut	~	\$5.00 May Be Added to Fees Make Che	ck Payable to nent of State	
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delate	TITLE NAME STPEET ADDRESS CITY-ST-ZIP	D JOHN DUE ESQ. 395 NW 1ST STREET MIAMI FI	☐ Change ⚠ Addition 2. 33128	
TITLE NAME		☐ Delete	TITLE NAME	D ALVELITA DONALDSON	☐ Change	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1100 13TH AVENUE SOUTH ST. PETERSBURG	33705	
TITLE NAME	STD HESS PENNY	☐ Delete	TITLE NAME	STD HESS PENNY	Change Addition	
STREET ADDRESS CITY-ST-ZIP	3742 GRAND AVENUE OAKLAND	CA 94610	STREET ADDRESS CITY-ST-ZIP	ST. PETERSBURG FI	33704	
TITLE NAME	D DAVIS HARRIET	☐ Delete	TITLE NAME	PD DAVIS HARRIET	X Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1245 18TH AVE SOUTH ST PETERSBURG	FL 33705	STREET ADDRESS CITY-ST-ZIP	1245 18TH AVE SOUTH ST PETERSBURG FI	33705	
TITLE NAME	PD JOHNSON DEBORAH	⊠ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	5634 WOOD CHICAGO	IL 60636	STREET AODRESS CITY-ST-ZIP	,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE 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.