2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# N94000000325

Entity Name: AFRICAN PEOPLE'S EDUCATION AND DEFENSE FUND, INC.

Current Principal Place of Business:

1245 18TH AVE SOUTH
SUITE 4
ST PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1245 18TH AVE SOUTH
SUITE 4
ST PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-3252727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONALDSON, ALVELITA
1245 18TH AVE SOUTH
SUITE 4
ST PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAVIS, HARRIET
Address: 1245 18TH AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33705

Title: STD ( ) Delete
Name: WAGENER, MAUREEN
Address: 1245 18TH AVE SOUTH #4
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete
Name: JOHN, DUE ESQ.
Address: 395 NW 1ST STREET
City-St-Zip: MIAMI, FL 33128

Title: D ( ) Delete
Name: REILLY, KITTY
Address: 1245 18TH AVE SOUTH #4
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete
Name: OLATUNGE, BAKARI
Address: 7911 MAC ARTHUR BLVD.
City-St-Zip: OAKLAND, CA 94605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: JOHN, DUE ESQ.
Address: 1245 18TH AVE SOUTH #4
City-St-Zip: ST. PETERSBURG, FL 33705

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN WAGENER STD 04/20/2005

Electronic Signature of Signing Officer or Director — Date