

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000633

FILED
Aug 28, 2009
Secretary of State

Entity Name: AFRICAN CARIBBEAN DANCE THEATRE, INC.

Current Principal Place of Business:

315 3RD ST. S.E.
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 10943
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3222121 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROBINSON, MARCUS
315 3RD ST, S.E.
HAVANA, FL 32333 US

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: ROBINSON, MARCUS
Address: 315 3RD ST. S.E.
City-St-Zip: HAVANA, FL 32333

Title: VP () Delete
Name: ELLIS, KARLA D
Address: POST OFFICE BOX 425
City-St-Zip: TALLAHASSEE, FL 32302

Title: T () Delete
Name: PAYNE, ORAL
Address: RT. 3 BOX 680 (PROCTOR ROAD)
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: MUSINGO, MITWE
Address: 1858 VINELAND LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: JACKSON, MARY H
Address: 2618-A OLD BAINBRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Delete
Name: SHAW, SEAN
Address: 2926 CAPITAL PARK DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: JACKSON, MARY H
Address: 600 N MARTIN LUTHER KING JR BLVD
City-St-Zip: TALLAHASSEE, FL 32301

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARCUS ROBINSON

P

08/28/2009

Electronic Signature of Signing Officer or Director

Date