

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000633

**FILED**  
**Apr 20, 2011**  
**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 ( )**

**Name and Address of Current Registered Agent:**

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

Title: D  
Name: COLLINS, SUZANNE  
Address: P.O. BOX 10943  
City-St-Zip: TALLAHASSEE, FL 32302

Title: T  
Name: PAYNE, ORAL  
Address: P.O. BOX 10943  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D  
Name: MUSINGO, MITWE  
Address: P.O. BOX 10943  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D  
Name: JACKSON, MARY H  
Address: P.O. BOX 10943  
City-St-Zip: TALLAHASSEE, FL 32302

I hereby 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 all other like empowered.

**SIGNATURE:** MARCUS ROBINSON

PD

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date