FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:11

DOCUMENT # N94000001914 (0)

1. Corporation Name

KUUMBA VILLAGE, INC.

Principal Place of Business	Mailing Address
2480 N ANDREWS AVE FT LAUDERDALE FL 33311	2480 N ANDREWS AVE FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1994
3a. Date of Last Report:

4. FEI Number: 65-0482855 — [X] Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2308 McClellan St.	26 P.O. Box 222061
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Hollywood, Fla.	27 Hollywood, Fla.
City & State	City & State
23 33020 Broward	28
Zip / Country	Zip / Country
24 / 25	29 33022 / 30 Broward

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALTON, COSTELL JR 2480 N ANDREWS AVE FT LAUDERDALE FL 33311	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	[ ] Change [ ] Addition
NAME	FRAZIER, PHYLLIS	1 2 NAME	
STREET ADDRESS	901 LYONS RD	1 3 STREET ADDRESS	
CITY ST ZIP	COCONUT CREEK FL 33063	1 4 CITY ST ZIP	
TITLE	SD	2 1 TITLE	[ ] Change [ ] Addition
NAME	BAAITH, RASHEED	2 2 NAME	
STREET ADDRESS	3920 NW 36TH WAY	2 3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33311	2 4 CITY ST ZIP	
TITLE	TD	3 1 TITLE	[ ] Change [ ] Addition
NAME	SHAKIRAH, ALIYAH	3 2 NAME	
STREET ADDRESS	1830 NW 35TH AVE	3 3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33311	3 4 CITY ST ZIP	
TITLE		4 1 TITLE	[ ] Change [ ] Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	[ ] Change [ ] Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	[ ] Change [ ] Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rasheed Z. Baaith R Z Baaith 6/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0000030