

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001914

1. Corporation Name  
KUUMBA VILLAGE, INC.

Principal Place of Business  
2308 MCCLELLAN ST  
HOLLYWOOD FL 33020  
US

Mailing Address  
P.O. BOX 222061  
HOLLYWOOD FL 33022  
US

FILED  
Sep 16, 1999 8:00 am  
Secretary of State

09-16-1999 90011 018 \*\*\*\*61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/18/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0482855	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

FRANKS, MARILYN  
2313 ATLANTA ST  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SD
NAME	FRAZIER, PHYLLIS	1.2 NAME	Dewitt, Dorothy
STREET ADDRESS	901 LYONS RD	1.3 STREET ADDRESS	3260 Ensenda Way
CITY-ST-ZIP	COCONUT CREEK FL 33063	1.4 CITY-ST-ZIP	Miramar, FL 33025-4237
TITLE	SD	2.1 TITLE	TD
NAME	BAAITH, RASHEED	2.2 NAME	Simpson, Llewelyn
STREET ADDRESS	3920 NW 36TH WAY	2.3 STREET ADDRESS	7495 W. 2nd St
CITY-ST-ZIP	FT LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	Dania, FL 33004
TITLE	TD	3.1 TITLE	
NAME	BROWN, CATHERINE	3.2 NAME	
STREET ADDRESS	275 KANSAS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	DEWITT, DOROTHY	4.2 NAME	
STREET ADDRESS	3260 ENSENDA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025-4237	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

PHYLLIS FRAZIER

9/9/99 954921-0310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #