

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000000314 (3)**

1. Corporation Name

THE "D-R-Y B-O-N-E-S CONNECTION" VOICES FOR REPARATIONS INC.



Principal Place of Business

10661 SW 165TH ST.
MIAMI FL 33157

Mailing Address

10661 SW 165TH ST.
MIAMI FL 33157

3. Date Incorporated or Qualified
01/19/1995

3a. Date of Last Report

2. Principal Place of Business

21 **Richmond Elem.**

2a. Mailing Address

26 **P.O. Box 57-0642**

4. FEI Number

Applied For
☒ Not Applicable

Suite, Apt. #, etc.

22 **16929 S.W. 104 Ave.**

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

23 **Miami FL**

City & State

28 **Miami FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

24 **33157**

Country

25 **U.S.A.**

Zip

29 **33257-0642**

Country

30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

YISHRAEL, QUEEN A
10661 SW 165TH ST.
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name **Cedric A Perry**
82 Street Address (P.O. Box Number is Not Acceptable)
14125 MONROE ST
83
84 City **MIAMI** FL 85 Zip Code **33176**

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

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	Dorian Witherspoon
STREET ADDRESS	10661 S.W. 165 ST.
CITY-ST-ZIP	Miami FL 33157
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	Queen Ahudah Yishrael
STREET ADDRESS	10661 S.W. 165 ST.
CITY-ST-ZIP	Miami FL 33157
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	Regional Leinterent
STREET ADDRESS	Armed Warrkin
CITY-ST-ZIP	11107 SW 20th Apt AC7204 Miami FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)