

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001815 (8)**  
 Corporation Name  
**THE CENTER FOR AFRICAN CULTURAL STUDIES, INC.**



Principal Place of Business <b>21431 SW 109TH COURT MIAMI FL 33189-2903</b>	Mailing Address <b>PO BOX 700516 MIAMI FL 33170-0516 US</b>
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<b>3.</b> Date Incorporated or Qualified <b>04/12/1995</b>	
<b>4.</b> FEI Number <b>65-0577080</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>21.</b> Principal Place of Business Suite, Apt. #, etc.	<b>22a.</b> Mailing Address Suite, Apt. #, etc.
<b>23.</b> City & State	<b>23a.</b> City & State
<b>24.</b> Zip	<b>24a.</b> Zip
<b>25.</b> Country	<b>25a.</b> Country

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>ABISOGB0, OBAAYE A 21431 SW 109TH COURT MIAMI FL 33189-2903</b>	<b>81.</b> Name
	<b>82.</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>83.</b>
	<b>84.</b> City
	<b>85.</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Recording Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ABISOGB0, OBAAYE A</b>	1.2 NAME	<b>DR. Faddie Young</b>
STREET ADDRESS	<b>21431 SW 109TH COURT</b>	1.3 STREET ADDRESS	<b>16929 SW 104 AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33189-2903</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33157</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Assistant Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JANCELOTT, JANET DR</b>	2.2 NAME	<b>Shaloma Shawmut-Lessner</b>
STREET ADDRESS	<b>21431 SW 109TH CT</b>	2.3 STREET ADDRESS	<b>1303D SW 63 COURT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33156</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILCOX, SHERIEE</b>	3.2 NAME	
STREET ADDRESS	<b>21600 SW 108TH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMED, AUNDRELLA</b>	4.2 NAME	
STREET ADDRESS	<b>9725 NW 14TH AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Shaloma Shawmut-Lessner* 2/13/98 (305) 232-5838

CR2E037 (1097)