

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000004368 (5)**

1. Corporation Name

**SOCIETY FOR THE PRESERVATION OF AFRICAN CULTURE  
AND TRADITIONAL HEALING, INC.**



Principal Place of Business

Mailing Address

1913 N.W. 86TH STREET  
MIAMI FL 33147

1913 N.W. 86TH STREET  
MIAMI FL 33147

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0627089

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

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

TITLE ☐ DELETE

NAME  
BLACKMAN, KEITH  
STREET ADDRESS  
1913 N.W. 86TH STREET  
CITY-ST-ZIP  
MIAMI FL 33147

TITLE ☐ DELETE

NAME  
HAMILTON-BLACKMAN, BETTYANN  
STREET ADDRESS  
1913 N.W. 86TH STREET  
CITY-ST-ZIP  
MIAMI FL 33147

TITLE ☐ DELETE

NAME  
WARREN, DR. MICHAEL D PH.D  
STREET ADDRESS  
2859 TORREY PINES ROAD  
CITY-ST-ZIP  
AMES IA 50010

TITLE ☐ DELETE

NAME  
JAMES, HOWARD  
STREET ADDRESS  
2824 NW 55TH AVENUE., 2B  
CITY-ST-ZIP  
LAUDERHILL FL 33313

TITLE ☐ DELETE

NAME  
WHITE, JEFFREY B  
STREET ADDRESS  
1435 TAYLOR STREET, N.W.  
CITY-ST-ZIP  
WASHINGTON DC 20011

TITLE ☐ DELETE

NAME  
JAMES, GRACE-ANN  
STREET ADDRESS  
2824 NW 55TH AVENUE #28  
CITY-ST-ZIP  
LAUDERHILL FL 33313

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700001907537

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\*\*\*66.00

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 (3/96)