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May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

1913 N.W. 86TH STREET  
MIAMI FL 33147

Mailing Address

1913 N.W. 86TH STREET  
MIAMI FL 33147-4207



3. Date Incorporated or Qualified  
09/11/1995

3a. Date of Last Report  
07/29/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0627089

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

BLACKMAN, KEITH  
1913 N.W. 86TH STREET  
MIAMI FL 33147

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 D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME JAMES, HOWARD  
STREET ADDRESS 2824 NW 55TH AVENUE., 28  
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE D ☐ DELETE

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

TITLE D ☐ 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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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

*Keith Blackman*

4/29/97 (300) 1-94-960

CR2E037 (9/96)