

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1999



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

DOCUMENT # N96000001480

1. Corporation Name

KUUMBA/CREATIVITY, INC.

Principal Place of Business  
14701 N.W. 27TH AVENUE  
OPA LOCKA FL 33054

Mailing Address  
14701 N.W. 27TH AVENUE  
OPA LOCKA FL 33054

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90019 021 \*\*\*\*61.25



|   |  |                        |  |   |  |
|---|--|------------------------|--|---|--|
| 2. Principal Place of Business  |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc. |  | 03/18/1996  |  |
| 22 City & State   |  | 27 City & State        |  | 4. FEI Number   |  |
| 23 Zip  |  | 28 Zip                 |  | NOT APPLICABLE  |  |
| 24 Country  |  | 29 Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
| 25  |  | 30                     |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 9. Name and Address of Current Registered Agent   |  |                        |  | 10. Name and Address of New Registered Agent  |  |
| SIMS, BONNIE R<br>14701 N.W. 27TH AVENUE<br>OPC LOCKA FL 33054  |  |                        |  | 81 Name   |  |
|   |  |                        |  | 82 Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |  |                        |  | 83  |  |
|   |  |                        |  | 84 City   |  |
|   |  |                        |  | 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   |  |                        |  |   |  |
| 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   |  |                        |  |   |  |

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 305 688-3800

Date

Daytime Phone #

CR2E037 (1/1/98)