

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002300

FILED
Mar 09, 2008
Secretary of State

Entity Name: ILE IBEJI CENTER FOR AFRICAN STUDIES, INC.

Current Principal Place of Business:

20820 N.W. MIAMI PLACE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

4298 PALM SPRINGS DRIVE
EAST POINT, GA 30344

New Mailing Address:

20820 N.W. MIAMI PLACE
MIAMI, FL 33169

FEI Number: 59-3421138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESOUZA, DONNISE A ESQUIRE
12367 SW 145 STREET
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MYRIE, ALVARO
Address: 4298 PALM SPRINGS DR
City-St-Zip: EAST POINT, GA 30344

Title: VP () Delete
Name: JACKSON, ANTONIO
Address: 326 ST JOHN'S PL APT 3A
City-St-Zip: BKLYN, NY

Title: SD () Delete
Name: VERNON, VERONICA
Address: 20820 NW MIAMI PLACE
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: WALLER, TERRY
Address: 4298 PALM SPRINGS DR
City-St-Zip: EAST POINT, GA 30344

Title: D () Delete
Name: TURNQUEST, HENRIETTA
Address: 3471 CHERRY RIDGE PL
City-St-Zip: DECATUR, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MYRIE, ALVARO
Address: 4298 PALM SPRINGS DR
City-St-Zip: EAST POINT, GA 30344 US

Title: VP (X) Change () Addition
Name: JACKSON, ANTONIO
Address: 4298 PALM SPRINGS DR
City-St-Zip: EASTPOINT, GA 30344 US

Title: SD (X) Change () Addition
Name: MADU, IFOMA
Address: 4298 PALM SPRINGS DR
City-St-Zip: EASTPOINT, GA 30344 US

Title: T (X) Change () Addition
Name: VERNON, VERONICA
Address: 20820 NW MIAMI PL
City-St-Zip: MIAMI, FL 33169 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONICA VERNON

T

03/09/2008

Electronic Signature of Signing Officer or Director

Date