FILED Jun 03, 2002 8:00 am Secretary of State 05-13-2002 90149 037 ****70.00

5/13

	NOT-FOR-PROFIT CO UNIFORM BUSINESS						
DOCUMENT # N970000			<u> </u>				
1. Entity Name	_						
Ró	ots Cultural Festival II, In	<u>c</u>		-			
* *	DO NOT WRITE IN:	THIS SPACE.		1		_ 916	42
2. Principal Place of Business 3. Mailing Ad				1		\	
400 West Atlantic Avenue		P.O. Box 2654					
Suite Apt. #, etc.		Suite Apt. #, etc.					
Suite 2A		Suite 2A City &State		4. FEI Number			
City & State		Delray Beach, Florida		59-2053039			
Delray Beach, Florida Zip	Country	Zip	Country	5. Certificate of	Status Desire	\$8.75 Addition	al
33444	USA	33444	USA			fee required	
·		<u> </u>	Name Tommy St	evens			l
تتجاب ونت في وين مسيحت يجرر	DO NOT WRITE	ب مود	Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE		2920 Dolp			T.T	Zip Code 33	444
8. The above named entity submits this statement fo		, City Delray Be		acn	FL or both in the s	state of Florida	,477
Ct.	ped or printed name of registered						_
FEES IS Initial or Am	ended UBR	Election Campaign Finz Trust Fund Contribution		5.00 May Be Added to Fees		Check Payable artment of State	
10. OFFICE	President	· · · · · · · · · · · · · · · · · · ·	TITLE		7		1.1
TITLE NAME	Andrea Bruton	"D"	NAME				
STREET ADDRESS	3223 Gun Club Road		STREET ADDRES	s /	• '	et et	1
CITY-ST-ZIP	West Palm Beach, FL 33406	<u> </u>	CITY-ST-ZIP				
TITLE	Secretary	"D"	TITLE.				
NAME STREET ADDRESS	Mary Randolph 800 Meadows Rd.	·· U	STREET ADDRES	S.			1
CITY-ST-ZIP	Boca Raton, FL 33444		CITY-ST-ZIP				
TITLE	Treasurer		TITLE	į,			1
NAME	Jounice Hill-Parker	"D"	NAME	e, -	DO: NOT: WINEFE!		
STREET ADDRESS	309 SW 15th Terrace		STREET ADDRES	DO NOT WRITE			
CITY-ST-ZIP	Delray Beach, FL 33444 Executive Director	 	TITLE.		IN THIS	SPACE	
TITLE NAME	Tommy Stevens		NAME	1	ци ішэ	DIACE	
STREET ADDRESS	440 West Atlantic Ave Suit	e 2A	STREET ADDRES	1			
CITY-ST-ZIP	Delray Beach, FL 33444		CITY-ST-ZIP-				
TITLE			TITLE				- ' '\
NAME		•	NAME	~			ļ
STREET ADDRESS			STREET ADDRES	S			
CITY-ST-ZIP			TITLE				
TITLE NAME	į		NAME	ŀ			
STREET ADDRESS			STREET ADDRES	ST			
CITY-ST-ZIP			CITY-ST-ZIP				ł
	<u> </u>		NO 0 - 12		10 07 (3VI) Fla	rida Statutas I fuet	her
12. I hereby certify the	nt the information supplied wi cormation indicated on this rep	th this filing does not qua	Hify for the exemption	stated in Section 11 shall have the same	ız.u/ (ə)(1), r 101 e legal effect as	riua statutes. i furt if made under oath:	that I
certify that the info	ormation indicated on this rep tor of the corporation or the r	ort or true and accurate eceiver or trustee embow	er to execute this repo	rt as required by C	hapter 617, Flo	rida Statutes; and t	hat my
name annears in R	lock 10 or on an attachment w	th all other like empowe	red			•	
M	X-7	24/242		11/25/2	(56	01)274-03	365
SIGNATURE:	ture and typed or printed Na	me of Signing Officer or	Director	Date		Daytime Phone #	
) Signa	ture and typed of burned Ma	me of organiza Other, or .	L II AFROI				

5/13/2002-90149-037-\$70.00-\$70.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Madenat DOCUMENT # Na 7000000119 Roots Cultural Festival 11, Inc. DO NOT WRITE IN THIS SPACE 3. Mailing Address P.O. BOX スレケリ 400 West Atlantic Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. Sutte 2A DO NOT WRITE IN THIS SPACE Delray Beach, Florida City & State 4. FEI Number Applied For Delray Beach, Flonda 59*- 2*0530<u>3</u>9 Not Applicable ^{Ζφ} 33444 \$8.75 Additional **33444** Name and Address of Current Registered Agent Tommy Stevens... DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE chy Delray Beach 8. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating FEE 18 861 25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Initial or Amended USA Trust Fund Contribution. Department of State 10. OFFICERS AND DIRECTORS President Tommy stevens 2920 Dolphin Drive NAME STREET ADDRESS STREET ADDRESS CR2E037B CITY-ST-ZIP Delray Brach, Florida 33444 CITY ST AP Secretary Mary Randolph 109 WW 11th Avenue Delray Beach, Florida 33444 TITLE nhi NAME ap). STREET ADDRESS STALES AUTORES CITY-ST-ZIP CITY-SI-IP PHE T-reasurerme . Jounice Hill-Parker NAME STREET ADDRESS og s.w. 15th Terrace Deiray Beach, Florida 33444 DO NOT WATE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP FITLE HAME STREET ADDRESS STRUK ANGKAL CITY-ST-7IP TIRE NAME STREET ADDRESS CITY ST AP 12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

levens

SIGNATURE: \

DITACHMENT

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

N97000000779/65438

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

ROOTS CULTURAL FESTIVAL II, INC.	<u></u>	97	عادية م
(must include suffix)	ALC: NO.	0 833 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
2. The name and address of the registered agent and office is:	FF FLORIN	. ∰. ∰.) PH-3:-4:3	
TOMMY STEVENS	·	, - ,	
(NAME)			
2920 DOLPHIN DR. (P.O. Box or Mail Drop Box NOT ACCEPTABLE)		-	
DELRAY REACH, FL 33444 (CITY/STATE/ZIP)		-	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.—I-further agree-to-comply with the provisions of all-statutes-relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature) 1/22/97 (Date)