


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N97000000823</b> 1. Entity Name <b>THE CONCERNED AFRICAN AND FRIENDS ASSOCIATION INCORPORATED</b>	
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Principal Place of Business <b>11414 CYPRESS BAY ST CLERMONT, FL 34711</b>	Mailing Address <b>11414 CYPRESS BAY ST CLERMONT, FL 34711</b>
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04132006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>31-1504025</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>FOSU, KWAME E.B. 11414 CYPRESS BAY ST CLERMONT, FL 34711</b>
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSU, KWAME 11414 CYPRESS BAY ST CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSU, PATRICIA 11414 CYPRESS BAY ST CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ANAZIA, IBEZILL 6410 BEACHNUT DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SKAGGS, LUCILLE #6 RAVENNA AVE. HANAHAN, SC 29406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000564318  
05/20/06-80058-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/19/06*

*1-863-688-5427*