

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000000823**

1. Entity Name  
**THE CONCERNED AFRICAN AND FRIENDS  
ASSOCIATION INCORPORATED**



Principal Place of Business  
**11414 CYPRESS BAY ST  
CLERMONT, FL 34711**

Mailing Address  
**11414 CYPRESS BAY ST  
CLERMONT, FL 34711**

**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**31-1504025**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FOSU, KWAME E.B.  
11414 CYPRESS BAY ST  
CLERMONT, FL 34711**

**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, 2007**

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  
LAKE LAND, 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

U00000762373  
05/29/07-80006-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:**

*Kwame E.B. Fosu*  
**DR. K. FOSU**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/07*

Date

*321-948-6636*

Daytime Phone #