

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 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**



05022008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1504025	Applied For <input type="checkbox"/> Not Applicable
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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 September 12, 2008**

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSU, PATRICIA 11414 CYPRESS BAY ST CLERMONT, FL 34711
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ANAZIA, IBEZILL 6410 BEACHNUT DRIVE LAKE LAND, FL 33813
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SKAGGS, LUCILLE #6 RAVENNA AVE. HANAHAN, SC 29406
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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06/04/08-80045-017 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 all other info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #