

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000823

FILED
Apr 11, 2009
Secretary of State

Entity Name: THE CONCERNED AFRICAN AND FRIENDS ASSOCIATION INCORPORATED

Current Principal Place of Business:

11414 CYPRESS BAY ST
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

11414 CYPRESS BAY ST
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 31-1504025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSU, KWAME E.B.
11414 CYPRESS BAY ST
CLERMONT, FL 34711 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: FOSU, KWAME
Address: 11414 CYPRESS BAY ST
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: FOSU, PATRICIA
Address: 11414 CYPRESS BAY ST
City-St-Zip: CLERMONT, FL 34711

Title: VPT () Delete
Name: ANAZIA, IBEZILL
Address: 6410 BEACHNUT DRIVE
City-St-Zip: LAKE LAND, FL 33813

Title: T () Delete
Name: SKAGGS, LUCILLE
Address: #6 RAVENNA AVE.
City-St-Zip: HANAHAN, SC 29406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KWAME FOSU

PD

04/11/2009

Electronic Signature of Signing Officer or Director

Date