

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000823

**FILED**  
**Feb 22, 2010**  
**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  
**Name:** FOSU, KWAME  
**Address:** 11414 CYPRESS BAY ST  
**City-St-Zip:** CLERMONT, FL 34711

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

**Title:** VPT  
**Name:** ANAZIA, IBEZILL  
**Address:** 6410 BEACHNUT DRIVE  
**City-St-Zip:** LAKELAND, FL 33813

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

I hereby 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 all other like empowered.

**SIGNATURE:** DR. KWAME FOSU

PD

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date