## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # N9700000829 (8)

PAN AFRICAN FOUNDATION FOR SOCIAL AND ECONOMICAL

EMPOWENMENT, INC.				
Principal Place of Business	Mailing Address			4111 <b>00</b> 171 <b>00</b> 181 1011 <b>1</b> 11010 1811 1881
11871 SW 220TH ST 11871 SW 220TH ST MIAMI FL 33170 MIAMI FL 33170			3. Date Incorporated or Qualified	
,			02/11/1997	
			4. FEI Number	Applied For Not Applicable
2. Principal Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
21 1/89/ SW 220th ST	26 1187/ SW 22C	7th ST	5. Certificate of Status Desired	Fee Required
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State	City & State		7. Is this nonprofit corporation a homeo	
23 Migmin FL 33170	28 Miami, F.		Ye	s 🔀 No
Zip 33170 Country S A	29 33170 3	Country USA	8. This corporation owes or has paid the Personal Property Tax due June 30.	e current year Intangible  Yes X No
			10. Name and Address of New Registe	ered Agent
-		81 Name		
			iress (P.O. Box Number is Not Acceptable)	
11871 SW 220TH ST	63			
MIAMI FL 33170		63		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617,0502	and 617.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpo	se of changing its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida. Such change was autitions of, Section 617,0503. Florid	thorized by the corpora da Statutes.	ition's board of directors. I hereby accept the	appointment as registered
SIGNATURE MILLON S. I.				177/90
Signature, typed or printed name of registered agen		m E. Beaty Registered Agent signature requi		ATE
12. OFFICERS AND	<del></del>	13.	ADDITIONS/CHANGES TO OFFICERS	
TIRE P/O	☐ DELETE	1.1 TITLE		Change Addition
NAME William E. Beaty STREET ADDRESS 118715W 220th	Troot	1.2 NAME		
	21170	1.3 STREET ADDRESS		
TITLE V/D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
		2.2 NAME		C Change C Augment
NAME : Travis Lowery STREET ADDRESS 13950 SW 288+4 St.	reel Apt, 105	2.3 STREET ADDRESS		
CITY-ST-ZIP Migmi, FL 3	3190	2. 4 CITY - ST - ZIP		
TITLE S/D	DELETE	3.1 TITLE		Change Addition
NAME  STREET ADDRESS  OTY-ST-ZIP  TITLE  Benitu Barrett  17255 SW 95th Av.  Miami, FL  T/D	1 208	3.2 NAME		
STREET ADDRESS 17255 SW 95th AV	enne April Co	3.3 STREET ADDRESS		
CITY-ST-ZIP Miami, FL	<i>33157</i>	3.4. CITY-ST-ZIP		
TITLE T/D	DELETE	4.1 TITLE		Change Addition
1 1 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4. 2 NAME		
STREET ADDRESS 21374 SW 112 Ave	, Apr. 1011	4.3 STREET ADDRESS		
CITY-ST-ZIP GOULDS, FL 3	3187	4.4 CITY - ST - ZIP		
	☐ DELETE	5.1 TITLE		Change Addition
NAME Wilkes Kemp >r.		5.2 NAME		
NAME Wilkes Kemp Sr. STREET ADDRESS 12750 SW 92 Ct. Miami, FL 33176		5.3 STREET ADDRESS		
CITY-ST-ZIP Miami, FL 33	116	5.4 CITY - ST - ZIP		<u></u>
TITLE	DELETE	6.1 TITLE		Change Addition
NAME	1	6.2 NAME		
STREET ADDRESS		6.9 STREET ADDRESS		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William E. Beaty

**FILED** 

May 14 1998 8:00am

Secretary of State

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