

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000334

1. Entity Name
YAA ASANTEWAA, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 28 AM 10:32

Principal Place of Business
8416 LULA LANE
TALLAHASSEE, FL 32308

Mailing Address
P.O. BOX 10925
TALLAHASSEE, FL 32302



04142004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3499608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MITCHELL, M. MIAISHA
8416 LULA LANE
TALLAHASSEE, FL 32308

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITE, MARGARET D
STREET ADDRESS	3011 KEVIN STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	D
NAME	MU'MIN, SYIDAH
STREET ADDRESS	1411 ELEANOR DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	D
NAME	BELL, YVONNE
STREET ADDRESS	1311 LOLA DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:

M. Miaisha Mitchell April 14, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #