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**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90225 008 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000002801**

1. Corporation Name

**THE GAMBIAN SELF-EDUCATIONAL ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business

**1460 N.W. 79 STREET  
MIAMI FL 33147**

Mailing Address

**1460 N.W. 79 STREET  
MIAMI FL 33147**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

3. Date Incorporated or Qualified

**05/14/1998**

4. FEI Number

☐ Applied For  
☒ Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



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

9. Name and Address of Current Registered Agent

**PAIGE, GRAF  
1460 N.W. 79 STREET  
MIAMI FL 33147**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Graf Paige*

Signature, name or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*April 1st 1999*

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **CAREW, MUSTAPHA**  
STREET ADDRESS **12106 ST. ANDREWS PLACE, APT. 207**  
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **VPD** ☐ DELETE  
NAME **NJIE, AWA**  
STREET ADDRESS **6790 N.W. 186 STREET**  
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **TD** ☐ DELETE  
NAME **NJIE, FRANCIS N**  
STREET ADDRESS **3390 FOXCROFT ROAD, APT. C305**  
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **SD** ☐ DELETE  
NAME **BOBB, IBRAHIM I**  
STREET ADDRESS **8439 S.W. 5TH STREET, APT. 102**  
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Ms. Carew*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/1/99*

Date

Daytime Phone #

CR2E037 (1/98)

0031767