

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 23, 2009  
Secretary of State**

DOCUMENT# N98000004669

Entity Name: DIASPORA ARTS COALITION, INCORPORATED

**Current Principal Place of Business:**

6940 NW 27TH AVE  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

6940 NW 27TH AVENUE  
MIAMI, FL 33147 US

**New Mailing Address:**

6940 NW 27TH AVE  
MIAMI, FL 33147

FEI Number: 65-0871451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONTELL, ANDRE  
6285 NW 190TH TERR.  
MIAMI LAKES, FL 33015 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: P ( ) Delete  
Name: RICHARDSON, SHIRLEY  
Address: 6940 NW 27TH AVE.  
City-St-Zip: MIAMI, FL 33147

Title: VP ( ) Delete  
Name: SANDERS, JOHNNY  
Address: 1271 NW 172ND STREET  
City-St-Zip: MIAMI, FL 33169

Title: VP ( ) Delete  
Name: ED, HAYNES  
Address: 6940 NW 27TH AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: S ( ) Delete  
Name: RUBY, LIMERE  
Address: 5400 NW 22 AVENUE  
City-St-Zip: MIAMI, FL 33150

Title: T ( ) Delete  
Name: ANDRE, MONTELL  
Address: 6940 NW 27TH AVE  
City-St-Zip: MIAMI, FL 33147

**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:

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: ANDRE MONTELL

T

03/23/2009

Electronic Signature of Signing Officer or Director

Date