

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-02-2002 90131 012 ****75.00

DOCUMENT # **NA9000007116**

1. Entity Name

TEMBUKTU RESEARCH CONSORTIUM ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

952 Flowersview Blvd Same as Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Laurel Hill, FL 32567

Zip

32567

Country

USA

City & State

Zip

Country

4. FEI Number

59-3622093

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Elinor Campbell

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

952 Flowersview Blvd

City

Laurel Hill

FL

32567

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.

SIGNATURE

Elinor Campbell, Vice-President

6-20-02

Signature, typed or printed name of registered agent and title if not a corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **T**
NAME **PRESIDENT**
STREET ADDRESS **TARIA H. ABDULLAH**
CITY-ST-ZIP **952 Flowersview Blvd
Laurel Hill, FL 32567**

TITLE **T**
NAME **VICE-PRESIDENT**
STREET ADDRESS **ELINOR CAMPBELL**
CITY-ST-ZIP **952 Flowersview Blvd
Laurel Hill, FL 32567**

TITLE **T**
NAME **TREASURER**
STREET ADDRESS **DAVID TARASH**
CITY-ST-ZIP **19 CHICAGO AVENUE
LOCKHART, FL 32645**

TITLE **T**
NAME **SECRETARY**
STREET ADDRESS **MARLENE STAPLES**
CITY-ST-ZIP **952 Flowersview Blvd
Laurel Hill, FL 32567**

TITLE **D**
NAME **ASSISTANT SECRETARY**
STREET ADDRESS **MARIA MITCHELL**
CITY-ST-ZIP **952 Flowersview Blvd
Laurel Hill, FL 32567**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE **Taria H. Abdullah** **TARIA H. ABDULLAH** **President** **6-20-02** **(850) 934-7946**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)