

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90040 040 \*\*\*158.75

**DOCUMENT # P05000062285**

1. Entity Name  
**AFRICAN CULTURE PROMOTION, INC.**



Principal Place of Business  
**5392 SILVER STAR ROAD  
ORLANDO, FL 32808**

Mailing Address  
**11414 CYPRESS BAY STREET  
CLERMONT, FL 34711**

40115111



04052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1725733**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**OPONG, JERKYL Y MR.  
1438 MARBLE CREST WAY  
WINTER GARDEN, FL 34787**

**DR. KWAME FOSU  
11414 CYPRESS BAY ST.  
CLERMONT, FL  
34711**

**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

**DR. K. FOSU, V.P.**

**4/30/07**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>OPONG, JERKYL Y MR.</b>
STREET ADDRESS	<b>1438 MARBLE CREST WAY</b>
CITY-ST-ZIP	<b>WINTER GARDEN, FL 34787</b>
TITLE	<b>VP</b>
NAME	<b>PEASAH-OPONG, AUGUSTINA A MRS.</b>
STREET ADDRESS	<b>1438 MARBLE CREST WAY</b>
CITY-ST-ZIP	<b>WINTER GARDEN, FL 34787</b>
TITLE	<b>SEC. / VP</b>
NAME	<b>FOSU, KWAME DR.</b>
STREET ADDRESS	<b>11414 CYPRESS BAY STREET</b>
CITY-ST-ZIP	<b>CLERMONT, FL 34711</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:**

**DR. K. FOSU**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/07**

Date

**(321) 948-6636**

Daytime Phone #