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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

519522 - 90144 - 40

DOCUMENT # **P29529**

1. Corporation Name
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLO RED PEOPLE, INC.

Principal Place of Business	Mailing Address
4805 MT. HOPE DRIVE 5TH FLOOR BALTIMORE MD 21215	4805 MT. HOPE DRIVE 5TH FLOOR BALTIMORE MD 21215

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 4805 Mt. Hope Drive	26 4805 Mt. Hope Drive	05/25/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-1084135 ☐ Applied For ☐ Not Applicable
City & State 23 Baltimore, Maryland	City & State 28 Baltimore, Maryland	5. Certifcate of Status Desired ☒X **$8.75** Additional Fee Required
Zip 24 21215 Country 25	Zip 29 21215 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MFUME, KWEISI		1.2 NAME	
STREET ADDRESS	4805 MT HOPE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD		1.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOND, JULIAN		2.2 NAME	
STREET ADDRESS	5435 41ST PL NW		2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20015		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BORGES, FRANCISCO L.		3.2 NAME	
STREET ADDRESS	115 BROADWAY 7TH FLR		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HAYES, COURTLAND DENN		4.2 NAME	
STREET ADDRESS	4805 MT HOPE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, BEN F		5.2 NAME	
STREET ADDRESS	504 FIRETOWN RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	SIMSBURY CT 06070		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BANKS, FRED L JR.		6.2 NAME	
STREET ADDRESS	976 METAIRIE ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39209		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: Dennis C. Hayes SIGNATURE REQUIRED Dennis C. Hayes, Secretary/Counsel 4/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #