## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P930

P93000052880 (0)

UJAMAA, INCORPORATED

Principal Place of Business Mailing Address			Mailing Address		L LOBINDO HA IBIDA (IIII BAIRI OTILI DALII BAIRI BRIDI	18 (400) 6410) 1841) 881/ 1884	
1102-1 SOUTH ADAMS STREET			1102-1 SOUTH ADAMS STREET				
TALLAHASSEE FL 32301		EE FL 32301	TALLAHASSEE FL 32301		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					07/28/1993		
2.	Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21			26		38-2972776	Not Applicable	
Suite, Apt. #, etc.		#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22	•		27		5. Certificate of Status Desired 3	Fee Required	
	City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be	
23			28		Trust Fund Contribution	Added to Fees	
	Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	- ' <b>-</b> '	
24		25		30		Yes XXNo	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
JEFFERSON, INOMAS G				81 Name	JEFFERSON, HELEN E.		
1102-1 SOUTH ADAMS STREET				82 Street A	odgess /P.O. Box Number is Not Acceptable) 1102-1 SOUTH ADAMS STREET		
TALLAHASSEE FL 32301					1102-1 SOUTH ADAMS STRE	ET	
83							
•				84 City	TATALLACOPE DE	85 Zip Gode 32301	
					TALLAHASSEE, FL FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.							
SIGNATURE Hele & E. T. & Gors av Char Melan E. Hybrian 2-23-25  Signature, typed or printed name of registered again and filled if applicable (NOTE: Registered again signature required when reinstating)  DATE							
				Regist/red/Affent signature re	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND		
12.		C OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHAINGES TO OFFICERS AND	Change Addition	
NAM		JEFFERSON, HELEN E		1.2 NAME			
	·-	2124 PINK FLAMINGO LANE		I ' ' '		İ	
	EET ADDRESS	TALLAHASSEE FL 32308		1.3 STREET ADDRESS			
TITL	r-ST-ZIP	Transfer to come	KINDELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition	
NAM		JEFFERSON, THOMAS G	AL WOLL IL	2.2 NAME			
	EET ADDRESS	2124 PINK FLAMINGO LANE		2.3 STREET ADORESS			
	-ST-ZIP	TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP	•		
TITL		P	DELETE		P/T	Change Addition	
NAM		JEFFERSON, TRACY N	<del></del>	0.7	JEFFERSON, TRACY N		
	EET AODRESS	2124 PINK FLAMINGO LANE		3.3 STREET ADDRESS	1767 HERMITAGE BLVD, #9	205	
	-ST-ZIP	TALLAHASSEE FL 32308		3.4. CITY-ST-ZIP	TALLAHASSEE, FL 32308		
TITL		77.00	DELETE	4.1 TITLE		Change Addition	
NAM	-			4. 2 NAME			
	EFT ADDRESS			4 3 STREET ADDRESS			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attrictment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

CICMATUDE, URLEN

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

PEREDRON CHATEN

DELETE

DELETE

1123 98

850-681-2990

Change

☐ Change

Addition

Addition

**FILED** 

Mar 17 1998 8:00am

Secretary of State