

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000003105

Entity Name: MULTI-CULTURAL ACADEMIC PROJECT, INC**Current Principal Place of Business:**12668
SHEFFIELD WALK LANE
JACKSONVILLE, FL 32226**Current Mailing Address:**8019
HARROD WOOD CT
LOUISVILLE, KY 40291 US**FEI Number:** 47-3513888**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BASDEN, ALASTAIR S
12668
SHEFFIELD WALK LANE
JACKSONVILLE, FL 32226 US*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**Officer/Director Detail :**

Title	CEO
Name	BASDEN, ALASTAIR S. DR.
Address	12668 SHEFFIELD WALK LANE
City-State-Zip:	JACKSONVILLE FL 32226

Title	TREASURER
Name	BASDEN, ALASTAIR S. DR.
Address	12668 SHEFFIELD WALK LANE
City-State-Zip:	JACKSONVILLE FL 32226

Title	VP
Name	BURTON, CHARLES E. DR.
Address	12668 SHEFFIELD WALK LANE
City-State-Zip:	JACKSONVILLE FL 32226

Title	SECRETARY
Name	CRISS-BASDEN, KESHIA A
Address	12668 SHEFFIELD WALK LANE
City-State-Zip:	JACKSONVILLE FL 32226

Title	VP
Name	CAMPBELL, PHILIP PHD
Address	12668 SHEFFIELD WALK LANE
City-State-Zip:	JACKSONVILLE FL 32226

I hereby 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 all other like empowered.

SIGNATURE: ALASTAIR S. BASDEN**PRESIDENT****03/17/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date