

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000000153

**Entity Name:** THE AFRICAN-AMERICAN AIDS POLICY AND TRAINING INSTITUTE, CORP.

**FILED**  
**Jan 14, 2020**  
**Secretary of State**  
**3859812718CC**

**Current Principal Place of Business:**

1833 W. 8TH ST, SUITE 200  
LOS ANGELES, CA 90057

**Current Mailing Address:**

1833 W. 8TH ST, SUITE 200  
LOS ANGELES, CA 90057 US

**FEI Number: 95-4742741**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CURRY, JOHN  
2123 HENRY ST. N.E.  
PALM BAY, FL 32905 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 CHAIRMAN

Name HOWARD, GRAZELL

Address PO BOX 32424

City-State-Zip: CHARLOTTE NC 28232

Title VICE CHAIRMAN

Name WILLIAMS, VANESSA

Address 11607 BURBANK BLVD UNIT A

City-State-Zip: NORTH HOLLYWOOD CA 91601

Title PRESIDENT

Name COPELAND, RANIYAH

Address 1833 W. 8TH ST, SUITE 200

City-State-Zip: LOS ANGELES CA 90057

*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: RANIYAH COPELAND**

**PRESIDENT AND CEO**

**01/14/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date