

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **N51123 (0)**

1. Corporation Name

**THE TALLAHASSEE CITYWIDE KWANZAA ASSOCIATION, IN
CORPORATED.**

93 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2334 NERRIGAN PL
TALLAHASSEE FL 32308**
Mailing Address: **P.O. BOX 5071
TALLAHASSEE FL 32314-5071**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/05/1992** 3a. Date of Last Report: **08/09/1994**
4. FEI Number: **59-3146192** Applied For: Not Applicable:

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with checkboxes for Certificate of Status Desired, Election Campaign Financing, and Nonprofit with IRS 501(c)(3) Tax Exempt Status.

9. Name and Address of Current Registered Agent: **BALDWIN, JOSEPH A.
1604 CALLEN STREET
TALLAHASSEE FL 32310**
10. Name and Address of New Registered Agent (B1-B5) fields.

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: _____ (NOTE: Registered Agent's signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNS, MADELYN	1.2 NAME	
STREET ADDRESS	2334 NERRIGAN PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FATAMA AZIBO	2.2 NAME	
STREET ADDRESS	6460 CAVALCADE TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKE, IVY	3.2 NAME	
STREET ADDRESS	3847 MCFARLANE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32303	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALIYY, AKIBA	4.2 NAME	
STREET ADDRESS	1509 CHINNAPAKIN NENE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32301	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ivy Locke Ivy Locke 4/26/95 Phone Contact: 668-9657
Signature and Title of Officer or Director: _____