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99 JUL 20 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N51123 1. Corporation Name TALLAHASSEE KWANZAA ASSOCIATION, INC.		
Principal Place of Business P.O. BOX 5071 TALLAHASSEE FL 32314	Mailing Address P.O. BOX 5071 TALLAHASSEE FL 32314	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/05/1992
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-3146192
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

WALKER, CHRIS 3110 PASCO STREET TALLAHASSEE FL 32310-6880		81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
					FL	

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	PD TOWNS, MADELYN	1.1 TITLE	
NAME	5223 BEN BRUSH TRAIL	1.2 NAME	
STREET ADDRESS	TALLAHASSEE FL 32308	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BENSON, SONJA	2.1 TITLE	Vice President
NAME	1698-23 STUCKLEY AVENUE	2.2 NAME	Denise McNeal
STREET ADDRESS	TALLAHASSEE FL 32310	2.3 STREET ADDRESS	3213 Wheatley Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee, FL 32310
TITLE	SD MCNEAL, DENISE	3.1 TITLE	Secretary
NAME	3213 WHEATLEY RD.	3.2 NAME	Abyssinia MoKonnen
STREET ADDRESS	TALLAHASSEE FL 32310	3.3 STREET ADDRESS	Post Office Box 3681
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tallahassee, FL 32316
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	700002939177--1
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-07/22/99--01091--025
TITLE		5.1 TITLE	*****70.00 *****70.00
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Madeleine Townsend 7/20/99 (850) 488-4406
Signature and Title of Officer or Director Date Daytime Phone #

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