



2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000006663 1. Entity Name AFRICAN-AMERICAN COLLEGIATE SCHOLARSHIP FUND, INC.			<div style="text-align: right; font-size: small;"> 08 NOV 19 PM 1:06 SECRETARY OF STATE FLORIDA 300137488939 10/20/08--01040--005 ***61.25 </div> <div style="text-align: center;">  </div>
Principal Place of Business 150 FREEMAN ROUSE ROAD WEWAHITCHKA, FL 32465		Mailing Address PO BOX 973 WEWAHITCHKA, FL 32465	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		09062008 Chg-NP CR2E037 (12/06) Applied For Not Applicable	
4. FEI Number 59-0642967		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROOM II, PAUL W 116 SAILOR'S COVE DRIVE PORT ST JOE, FL 32456		7. Name and Address of New Registered Agent Name <u>Ben Ranie - President</u> Street Address (P.O. Box Number is Not Acceptable) <u>1050 West River Rd.</u> City <u>Wewahitchka</u> FL Zip Code <u>32465</u>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Ben Ranie</u> DATE <u>10/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME JONES, LOUISE STREET ADDRESS 2188 METHODIST HILL CITY-ST-ZIP WEWAHITCHKA, FL 32465	<input type="checkbox"/> Delete	TITLE Vice President NAME Roy Lee Carter STREET ADDRESS 1158 WEST RIVER ROAD CITY-ST-ZIP Wewahitchka, FL 32465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME JONES, PATRICIA STREET ADDRESS 1166 GRAY ANDERSON ROAD CITY-ST-ZIP WEWAHITCHKA, FL 32465	<input type="checkbox"/> Delete	TITLE Secretary NAME Alfreda Owens STREET ADDRESS P.O. BOX 409 CITY-ST-ZIP Wewahitchka, FL 32465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME JONES, ROBERT STREET ADDRESS 1166 GRAY ANDERSON ROAD CITY-ST-ZIP WEWAHITCHKA, FL 32465	<input type="checkbox"/> Delete	TITLE Treasury NAME Veronica Carter STREET ADDRESS 1158 W. River Road CITY-ST-ZIP Wewahitchka, FL 32465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MYERS, MARVEL STREET ADDRESS 1050 WEST RIVER CITY-ST-ZIP WEWAHITCHKA, FL 32465	<input type="checkbox"/> Delete	TITLE D NAME Zen Jones STREET ADDRESS P.O. BOX 380 CITY-ST-ZIP Wewahitchka, FL 32465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME STACEY, DELOIS STREET ADDRESS 150 RACETRACK ROAD CITY-ST-ZIP WEWAHITCHKA, FL 32465	<input type="checkbox"/> Delete	TITLE D NAME Johnny Jones STREET ADDRESS P.O. BOX 380 CITY-ST-ZIP Wewahitchka, FL 32465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME WILLIAMS, PAMELA STREET ADDRESS 115 RIVERSIDE COURT CITY-ST-ZIP DOUGLASVILLE, GA 30134	<input type="checkbox"/> Delete	TITLE D NAME Williams E Keith STREET ADDRESS 114 Hand Circle CITY-ST-ZIP Wewahitchka, FL 32465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Veronica Carter</u>		SIGNATURE: <u>Veronica Carter</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>10-27-08</u> Daytime Phone # <u>850-639-2201</u>	

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