

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006663

FILED
Apr 28, 2009
Secretary of State

Entity Name: AFRICAN-AMERICAN COLLEGIATE SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

150 FREEMAN ROUSE ROAD
WEWAHITCHKA, FL 32465

New Principal Place of Business:

Current Mailing Address:

PO BOX 973
WEWAHITCHKA, FL 32465

New Mailing Address:

FEI Number: 59-0642967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANIE, BEN
1050 WEST RIVER RD
WEWAHITCHKA, FL 32465 US

Name and Address of New Registered Agent:

RANIE, BENJAMIN
154 AMY CIRCLE
WEWAHITCHKA, FL 32465 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: BENJAMIN RAINE

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, LOUISE
Address: 2188 METHODIST HILL
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: JONES, PATRICIA
Address: 1166 GRAY ANDERSON ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: JONES, ROBERT
Address: 1166 GRAY ANDERSON ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: MYERS, MARVEL
Address: 1050 WEST RIVER
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: STACEY, DELOIS
Address: 150 RACETRACK ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: WILLIAMS, PAMELA
Address: 115 RIVERSIDE COURT
City-St-Zip: DOUGLASVILLE, GA 30134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VERONICA CARTER

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04/28/2009

Electronic Signature of Signing Officer or Director

Date