


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-01-2008 90039 042 ****70.00

DOCUMENT # N0700000822					
1. Entity Name AFRICAN AMERICAN RESEARCH LIBRARY AND CULTURAL CENTER OF PALM BEACH COUNTY, INC.					
Principal Place of Business 4208 WAVERLY DR. WEST PALM BEACH, FL 33407			Mailing Address 4208 WAVERLY DR. WEST PALM BEACH, FL 33407		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Subs. Apt. #, etc.			Subs. Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 80-0245151 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				6. \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANDREWS, FLOYD 4208 WAVERLY DR. WEST PALM BEACH, FL 33407			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
9. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		8. 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREWS, FLOYD		NAME		
STREET ADDRESS	4208 WAVERLY DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERGUSON, GWENDOLYN		NAME		
STREET ADDRESS	1909 PINEHURST DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRISON-NELSON, ANNIE R.		NAME		
STREET ADDRESS	1400 8TH ST.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDONALD, S. BRUCE		NAME		
STREET ADDRESS	8851 PALAMINO DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIBSON, DONALD		NAME		
STREET ADDRESS	1481 7TH ST.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRAYTON, JAMES		NAME		
STREET ADDRESS	1872 39 ST.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
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: <i>Floyd R. Andrews</i>				Date: <i>7/30/08</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>				<small>Date</small>	



07082008 Chg-NP CR2E037 (12/06)