

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 24, 2009
Secretary of State**

DOCUMENT# N07000000822

Entity Name: AFRICAN AMERICAN RESEARCH LIBRARY AND CULTURAL CENTER OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

4208 WAVERLY DR.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

4208 WAVERLY DR.
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 80-0245151 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDREWS, FLOYD
4208 WAVERLY DR.
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDREWS, FLOYD
Address: 4208 WAVERLY DR.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S () Delete
Name: FERGUSON, GWENDOLYN
Address: 1909 PINEHURST DR.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T () Delete
Name: HARRISON-NELSON, ANNIE R.
Address: 1400 6TH ST.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: MCDONALD, S. BRUCE
Address: 8651 PALAMINO DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: GIBSON, DONALD
Address: 1481 7TH ST.
City-St-Zip: WEST PALM BEACH, FL 66401

Title: D () Delete
Name: DRAYTON, JAMES
Address: 1672 39 ST.
City-St-Zip: WEST PALM BEACH, FL 33407

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
Name:
Address:
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: ANNIE HARRISON NELSON

Electronic Signature of Signing Officer or Director

TREA

08/24/2009

Date