

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000822

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**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 (X)**

**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  
Name: ANDREWS, FLOYD  
Address: 4208 WAVERLY DR.  
City-St-Zip: WEST PALM BEACH, FL 33407

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANNIE HARRISON NELSON

TREA

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date