

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2011  
Secretary of State**

DOCUMENT# N10000005650

**Entity Name:** AFRICAN AMERICAN COLLEGIATE & YOUTH GOLFERS HALL OF FAME, INC.

**Current Principal Place of Business:**

1032 CENTER STONE LANE  
RIVIERA BEACH,, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 31901  
PALM BEACH GARDENS,, FL 33420

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KNOWLES, ESMERALDA H  
1032 CENTER STONE LANE  
RIVIERA BEACH, FL 33404    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: KNOWLES, MALACHI  
Address: 1032 CENTER STONE LANE  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VP  
Name: KNOWLES, JOHN H SR.  
Address: PO BOX 31901  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: S/T  
Name: KNOWLES, ESMERALDA H  
Address: 1032 CENTER STONE LANE  
City-St-Zip: RIVIERA BEACH, FL 33404

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: MALACHI KNOWLES

P

04/13/2011

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

\_\_\_\_\_ Date