# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46540** **(3)**

1. Corporation Name

**AFRICAN AMERICAN CULTURAL SOCIETY INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 15 PICKWOOD PLACE<br>PALM COAST FL 32137 | 15 PICKWOOD PLACE<br>PALM COAST FL 32137 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1991
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-3104305 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HOLDER, LIONEL
70 BAYSIDE DRIVE
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☒ Change ☐ Addition |
| NAME | MALIGE, CLARENCE A. | 12 NAME | Maigé Clarence A. |
| STREET ADDRESS | 42 BRIGADOON LANE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | PALM COAST FL | 14 CITY-ST-ZIP | |
| TITLE | SD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SMITH, JEANETTE | 22 NAME | 700001476757 |
| STREET ADDRESS | 15 PICKWOOD PLACE | 23 STREET ADDRESS | -05/05/95--01011--012 |
| CITY-ST-ZIP | PALM COAST FL | 24 CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | TD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | BOONE, WALTER | 32 NAME | |
| STREET ADDRESS | 103 BRUSHWOOD LANE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | PALM COAST FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | ALLEYNE, ROBERT | 42 NAME | |
| STREET ADDRESS | 59 WEST ROBIN LN | 43 STREET ADDRESS | |
| CITY-ST-ZIP | PALM COAST FL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | BETHEL, RICHARD T. | 52 NAME | |
| STREET ADDRESS | 2 COTTONWOOD CT. | 53 STREET ADDRESS | |
| CITY-ST-ZIP | PALM COAST FL | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | BROOKS, ROBERT | 62 NAME | |
| STREET ADDRESS | 103 POINT PLEASANT DR. | 63 STREET ADDRESS | |
| CITY-ST-ZIP | PALM COAST FL | 64 CITY-ST-ZIP | RC |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Clarence A. Maigé 4/19/95 904 445-1011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024472