

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46540** (3)

1. Corporation Name

AFRICAN AMERICAN CULTURAL SOCIETY INC.



Principal Place of Business 15 PICKWOOD PLACE PALM COAST FL 32137		Mailing Address P.O. BOX 350807 PAL COAST FL 32135-0807 US		3. Date Incorporated or Qualified 12/19/1991	
				4. FEI Number 59-3104305	
				Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLDER, LIONEL		1.2 NAME MAUGE, CLARENCE	
STREET ADDRESS 70 BAYSIDE DRIVE		1.3 STREET ADDRESS 42 BRIGADOON LANE	
CITY-ST-ZIP PALM COAST FL		1.4 CITY-ST-ZIP PALM COAST FL 32137	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBINSON, DOROTHY G		2.2 NAME	
STREET ADDRESS 35 BALLARD LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM COAST FL		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOONE, WALTER		3.2 NAME ROBINSON, STEPHANIE	
STREET ADDRESS 103 BRUSHWOOD LANE		3.3 STREET ADDRESS 2 BUTTERNUT DRIVE	
CITY-ST-ZIP PALM COAST FL		3.4 CITY-ST-ZIP PALM COAST FL 32137	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWNE, JACQUELINE		4.2 NAME	
STREET ADDRESS 63 WELLSTREAM LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP PALM COAST FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCARTHY, LOUIS		5.2 NAME	
STREET ADDRESS 107 PINE CIRCLE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP PALM COAST FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROOKS, ROBERT		6.2 NAME	
STREET ADDRESS 103 POINT PLEASANT DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP PALM COAST FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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. Mauge* CLARENCE A. MAUGE 1/16/98 (904)445-6023

CR2E037 (10/97)