

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46540

FILED
Sep 24, 2007
Secretary of State

Entity Name: AFRICAN AMERICAN CULTURAL SOCIETY INC.

Current Principal Place of Business:

4422 ROUTE 1 NORTH
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350607
PAL COAST, FL 321350607 US

New Mailing Address:

FEI Number: 59-3104305 **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:

ROBINSON, STEPHANIE
2 BUTTERNUT DRIVE
PALM COAST, FL 32137 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: STEPHANIE ROBINSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAYLOR, VIKKI
Address: P O BOX 353553
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: ROBINSON, STEPHANIE
Address: 2 BUTTERNUT DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: TOOLEY, JOE
Address: 14 FELICIA CT.
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: BROOKS, ERMA
Address: 103 POINT PLEASANT DR
City-St-Zip: PALM COAST, FL 32164

Title: C () Delete
Name: WILLIAM, SEANEY
Address: 8 EDGAR LANE
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: PRICE, HERMAN L DR
Address: P O BOX 350100
City-St-Zip: PALM COAST, FL 32135

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: C (X) Change () Addition
Name: WILLIAM, SEENEY
Address: 8 EDGAR LANE
City-St-Zip: PALM COAST, FL 32164

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: STEPHANIE ROBINSON

S

09/24/2007

Electronic Signature of Signing Officer or Director

Date