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Apr 10 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 # N48482 (6)

1. Corporation Name
AFRICAN-AMERICAN CULTURAL EXPOSITION FOR THE ART S, INC.



Principal Place of Business 2300 VALENCIA AVE FORT PIERCE FL 34946 US	Mailing Address P O BOX 12301 FORT PIERCE FL 34979 US
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3. Date Incorporated or Qualified 04/17/1992	
4. FEI Number 65-0259066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**JEFFERSON, ZANOUBIA
2300 VALENCIA AVE
FORT PIERCE FL 34946**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: *Bonnie Jefferson* **3/18/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME COBBS, SHIRLEY A	
STREET ADDRESS 5202 PINETREE DR	
CITY-ST-ZIP FORT PIERCE FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME JEFFERSON, ZANOUBIA	
STREET ADDRESS 2300 VALENCIA AVE	
CITY-ST-ZIP FT. PIERCE FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME SAMUEL, EVELYN	
STREET ADDRESS 426 SE GASPIRILLA AVE	
CITY-ST-ZIP PT ST. LUCIE FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME EVANS, PEARL	
STREET ADDRESS 1074 SW CORNELIA AVE	
CITY-ST-ZIP PORT ST LUCIE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasur
4.3 STREET ADDRESS	VERNA V. JACKSON
4.4 CITY-ST-ZIP	2030 Keen Road
	FT PIERCE, FL 34946
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200002486042
6.3 STREET ADDRESS	-04/13/98--01018--013
6.4 CITY-ST-ZIP	***61.25

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: *Shirley A Cobbs*

3-18-98

CR2E037 (10/97)