

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 12:09

DOCUMENT # N93000005572 (3)

1. Corporation Name

OKALOOSA COUNTY AFRICAN-AMERICAN CULTURAL ASSOCIATION, INC (OCAACA)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

96 OAKHILL AVE.
FT. WALTON BEACH FL 32548

96 OAKHILL AVE.
FT. WALTON BEACH FL 32548

P.O. Box 2
FT. WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1993	3a. Date of Last Report 06/02/1994
4. FEI Number 59-3240068	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Chesher Pruitt Center	2a. Mailing Address 26 P.O. Box 2
Suite, Apt. #, etc. 22 15 CARSON DR	Suite, Apt. #, etc. 27 FT. WALTON BEACH
City & State 23 FT. WALTON BEACH FL	City & State 28 FL
Zip 24 32548	Country 25 OKALOOSA
Zip 29 32549	Country 30

9. Name and Address of Current Registered Agent SANFORD, JEAN L P.O. Box 2 96 OAKHILL AVE. FT. WALTON BEACH FL 32548 Ft Walton Bch, FL 32549				10. Name and Address of New Registered Agent			
81 Name JEAN L SANFORD	82 Street Address (P.O. Box Number is Not Acceptable) 87 12th St.			83 SHALIMAR		84 City SHALIMAR	
			85 State FL	86 Zip Code 32579			

11. Pursuant to the provisions of Sections 607.0592 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: *Jean L. Sanford* DATE: **1 May 95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME MURPHY, TANYA	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1642 N. CAMPBELL DR.	CITY - ST - ZIP FT. WALTON BEACH FL 32547-6801	1.2 NAME ROBINSON, TANYA	
		1.3 STREET ADDRESS 1642 N CAMPBELL DR	
		1.4 CITY - ST - ZIP FT. WALTON BEACH FL 32547-6801	
TITLE VD	NAME BROADNAX, JOE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 96 OAKHILL AVE.	CITY - ST - ZIP FT. WALTON BEACH FL 32548	2.2 NAME Leroy Kelley	
		2.3 STREET ADDRESS 174 MARY ESTHER DR	
		2.4 CITY - ST - ZIP MARY ESTHER FL 32546	
TITLE SD	NAME GANT, MARCIA	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 228 AMBERJACK DR.	CITY - ST - ZIP FT. WALTON BEACH FL 32548	3.2 NAME Seabrooks, Michelle	
		3.3 STREET ADDRESS 310A Clifford St	
		3.4 CITY - ST - ZIP FT. WALTON BEACH FL 32547	
TITLE TT	NAME JENNINGS, LEWIS	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 606 MOONEY RD.	CITY - ST - ZIP FT. WALTON BEACH FL 32548	4.2 NAME T.T. Florence, MARY	
		4.3 STREET ADDRESS 406 Rue Des Tours	
		4.4 CITY - ST - ZIP MARY ESTHER FL 32569	
TITLE ATT	NAME SANFORD, JEAN LAVINE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 87 12TH ST.	CITY - ST - ZIP SHALIMAR FL 32578	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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, not changed, or in an attachment with an address.

SIGNATURE: *Mary Florence Treasurer* Date: **May 25, 1995** 904 862-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR