

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004755

FILED
Apr 27, 2009
Secretary of State

Entity Name: AFRICAN AMERICAN ENTREPRENEURIAL ASSOCIATION, INC.

Current Principal Place of Business:

3451 MANATEE DR SE
ST PETERSBURG, FL 337054144 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 16413
ST PETERSBURG, FL 337336413

New Mailing Address:

3451 MANATEE DR SE
ST PETERSBURG, FL 337054144 US

FEI Number: 59-3492502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, MINSON R
4100 49TH AVE SO.
ST PETERSBURG, FL 33711 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RUBIN, MINSON
Address: 4100-49TH AVE SO.
City-St-Zip: ST PETERSBURG, FL 33711

Title: DV () Delete
Name: TUCKER, FRED
Address: 3451 MANATEE DR SE
City-St-Zip: ST PETERSBURG, FL 33705

Title: DS () Delete
Name: SHINGLES, GLORIA
Address: 5256-2ND AVENUE SO.
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: DT () Delete
Name: TUCKER, FRED
Address: 3451 MANATEE DR SE
City-St-Zip: SAINT PETERSBURG, FL 33705

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:

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: FRED J TUCKER

DV

04/27/2009

Electronic Signature of Signing Officer or Director

Date