


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000004598

1. Entity Name
AFRICAN AMERICAN DEVELOPMENT COUNCIL, INC.



Principal Place of Business Mailing Address

13381 90TH CIRCLE 13381 90TH CIRCLE
 LIVE OAK FL 32060 LIVE OAK FL 32060



2. Principal Place of Business Suite, Apt #, etc.
 3. Mailing Address Suite, Apt #, etc.

2nd MOORE CR2E037 (5/05)

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3708106**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCOTT, YVONNE V
13381 90TH CIRCLE
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10.	P	OFFICERS AND DIRECTORS
TITLE		SCOTT, YVONNE <input type="checkbox"/> Delete
NAME		13381 90TH CIRCLE
STREET ADDRESS		LIVE OAK FL 32060
CITY-ST-ZIP		V
TITLE		RILEY, CLIFTON <input type="checkbox"/> Delete
NAME		637 SO. HOUSTON AVE.
STREET ADDRESS		LIVE OAK FL 32060
CITY-ST-ZIP		T
TITLE		CARTER, EARL <input type="checkbox"/> Delete
NAME		721 HOUSTON AVE S.W.
STREET ADDRESS		LIVE OAK FL 32060
CITY-ST-ZIP		D
TITLE		RILEY, SONJA <input type="checkbox"/> Delete
NAME		723 S HOUSTON AVE
STREET ADDRESS		LIVE OAK FL 32060
CITY-ST-ZIP		ST
TITLE		WELLS, MURLIN <input type="checkbox"/> Delete
NAME		7833 103RD DR.
STREET ADDRESS		LIVE OAK FL 32060
CITY-ST-ZIP		S
TITLE		WELLS, MURLIN <input type="checkbox"/> Delete
NAME		7833 103RD DR.
STREET ADDRESS		LIVE OAK FL 32060
CITY-ST-ZIP		

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100000037265
CITY-ST-ZIP	08/29/05-80001-020 70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Yvonne V. Scott*