

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # N98000004598</b>					
1. Entity Name <b>AFRICAN AMERICAN DEVELOPMENT COUNCIL, INC.</b>					
Principal Place of Business <b>13381 90TH CIRCLE LIVE OAK FL 32060</b>			Mailing Address <b>13381 90TH CIRCLE LIVE OAK FL 32060</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3708106</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCOTT, YVONNE V 13381 90TH CIRCLE LIVE OAK FL 32060</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 <i>Yvonne V Scott</i>			2/04/06		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make Check Payable to <b>Florida Department of State</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOTT, YVONNE		NAME		
STREET ADDRESS	13381 90TH CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	LIVE OAK FL 32060		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RILEY, CLIFTON		NAME		
STREET ADDRESS	637 SO. HOUSTON AVE.		STREET ADDRESS		
CITY - ST - ZIP	LIVE OAK FL 32060		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, EARL		NAME		
STREET ADDRESS	721 HOUSTON AVE S.W.		STREET ADDRESS		
CITY - ST - ZIP	LIVE OAK FL 32060		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RILEY, SONJA		NAME		
STREET ADDRESS	723 S HOUSTON AVE		STREET ADDRESS		
CITY - ST - ZIP	LIVE OAK FL 32060		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WELLS, MURLIN		NAME		
STREET ADDRESS	7833 103RD DR.		STREET ADDRESS		
CITY - ST - ZIP	LIVE OAK FL 32060		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WELLS, MURLIN		NAME		
STREET ADDRESS	7833 103RD DR.		STREET ADDRESS		
CITY - ST - ZIP	LIVE OAK FL 32060		CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*