


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2007 08:00 A
Secretary of State

DOCUMENT # N98000004598	
1. Entity Name AFRICAN AMERICAN DEVELOPMENT COUNCIL, INC.	

Principal Place of Business 13381 90TH CIRCLE LIVE OAK FL 32060	Mailing Address 13381 90TH CIRCLE LIVE OAK FL 32060
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

2nd MOORE CR2E037 (4/07)

6. Name and Address of Current Registered Agent	
SCOTT, YVONNE V 13381 90TH CIRCLE LIVE OAK FL 32060	

4. FEI Number 59-3708106	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 *Yvonne V. Scott* DATE 8/6/07

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 5, 2007

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

Make Check Payable to Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000771882
CITY-ST-ZIP	08/10/07-80004-028 61.25
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 exemptions contained 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 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* 8/6/07