

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Sep 18, 2000 8:00 am
Secretary of State

07-21-2000 90154 031 ****61.25

DOCUMENT # N99000002794			
1. Entity Name THE AFRICAN-AMERICAN NATIONAL UNITED FOUNDATION			
Principal Place of Business 14540 JACKSON STREET MIAMI FL 33176		Mailing Address 14540 JACKSON STREET MIAMI FL 33176-7427	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FAUNTROY, RAY 14540 JACKSON STREET MIAMI FL 33176		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.			
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		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	President	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND C. FAUNTROY	NAME	
STREET ADDRESS	14540 JACKSON ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33176	CITY-ST-ZIP	
TITLE	V.P.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLIE JEAN SALTER	NAME	
STREET ADDRESS	3464 DOMI FITZ CT.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL.	CITY-ST-ZIP	
TITLE	int. V.P.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JJ. HARVILLE	NAME	
STREET ADDRESS	4221 GREEN PEAR DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL. 32818	CITY-ST-ZIP	
TITLE	Sec. Treas. SA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRA DICKERSON	NAME	
STREET ADDRESS	796 N.W. 186 DR.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33169	CITY-ST-ZIP	
TITLE	member	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daryl Stuckey	NAME	
STREET ADDRESS	11950 AUTUMN WOOD LN.	STREET ADDRESS	
CITY-ST-ZIP	FT. WASHINGTON, MD. 20744	CITY-ST-ZIP	
TITLE	member	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK PECKE	NAME	
STREET ADDRESS	7009 TREE HILLS PKWY	STREET ADDRESS	
CITY-ST-ZIP	STONE MT., GA 30088	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 empowerments.			
SIGNATURE: _____		6-15-00 305-5773738	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (9/99)