

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 24 PM 12: 35

DOCUMENT # N32454 (3)
1. Corporation Name
AFRICAN AMERICAN CULTURAL ARTS ORGANIZATION, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
POST OFFICE BOX 1702 WEST PALM BEACH FL 33402-1702

3. Date Incorporated or Qualified **05/23/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0126760** Applied For ☐
Not Applicable ☐

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country

24 Zip 25 Country 29 Zip 30 Country

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARD GOLSON
610 S. MANGONIA CIRCLE
W. PALM BEACH FL 33401**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **THOMAS, TERRY**
STREET ADDRESS **1155 AVENUE G**
CITY - ST - ZIP **RIVIERA BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **P**
NAME **GOLSON, ED**
STREET ADDRESS **610 S MANGONIA CIR.**
CITY - ST - ZIP **W. PALM BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **T**
NAME **BENNETT, BEVINS JR**
STREET ADDRESS **2923 AVENUE FBLVD.**
CITY - ST - ZIP **RIVIERA BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D**
NAME **LEE GLAZE**
STREET ADDRESS **109 QUEENS LANE**
CITY - ST - ZIP **ROYAL PALM BEACH FL 33411**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D**
NAME **PAT HOLMES**
STREET ADDRESS **3726 SAVOY LN. D-2**
CITY - ST - ZIP **WEST PALM BEACH FL 33417**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **V**
NAME **ARNOLD, DEBRA**
STREET ADDRESS **909 W. 23 ST.**
CITY - ST - ZIP **RIVIERA BEACH FL 33404**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward Golson (EDWARD GOLSON) 4/24/95 407-832-0202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #