

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N32454 (3)

1. Corporation Name

AFRICAN AMERICAN CULTURAL ARTS  
ORGANIZATION, INC.

Principal Place of Business

Mailing Address

P.O. Box 1702  
WEST PALM BEACH FL.  
33402-1702

3. Date Incorporated or Qualified

5/23/89

3a. Date of Last Report

4/1/95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

650126760

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, TERRY	
STREET ADDRESS	1155 AVENUE G	
CITY-ST-ZIP	RIVIERA BEACH FL. 33404	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOLSON, ED	
STREET ADDRESS	610 S. MANGONIA CIR.	
CITY-ST-ZIP	W. PALM BEACH, FL. 33401	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENNETT, BEVINS JR.	
STREET ADDRESS	2923 AVENUE F	
CITY-ST-ZIP	RIVIERA BEACH FL. 33404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLMES, PATRICA	
STREET ADDRESS	2925 SAVOY LN.	
CITY-ST-ZIP	W. PALM BEACH, FL. 33417	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARNOLD, DEBRA	
STREET ADDRESS	115 E. TIFFANY DR.	
CITY-ST-ZIP	W. PALM BEACH, FL. 33407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIELS, PATRICE	
STREET ADDRESS	1589 9TH ST. W	
CITY-ST-ZIP	RIVIERA BEACH FL. 33404	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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) 5/23/96 561-832-0202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)