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FILED

Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **N46540** (3)

1. Corporation Name

**AFRICAN AMERICAN CULTURAL SOCIETY INC.**

Principal Place of Business

Mailing Address

**5 PICKWOOD PLACE  
PALM COAST FL 32137****P.O. BOX 350607  
PAL COAST FL 32135-0607  
US**3. Date Incorporated or Qualified  
**12/19/1991**3a. Date of Last Report  
**02/09/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLDER, LIONEL  
70 BAYSIDE DRIVE  
PALM COAST FL 32137**

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

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAUG'E, CLARENCE A	
STREET ADDRESS	42 BRIGADOON LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROBINSON, DOROTHY G	
STREET ADDRESS	35 BALLARD LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOONE, WALTER	
STREET ADDRESS	103 BRUSHWOOD LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWNE, JACQUELINE	
STREET ADDRESS	63 WELLSTREAM LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BETHEL, RICHARD T.	
STREET ADDRESS	2 COTTONWOOD CT.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOKS, ROBERT	
STREET ADDRESS	103 POINT PLEASANT DR.	
CITY-ST-ZIP	PALM COAST FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOLDER, LIONEL	
1.3 STREET ADDRESS	70 BAYSIDE DRIVE	
1.4 CITY-ST-ZIP	PALM COAST, FL 32137	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LOUIS McCARTHY	
5.3 STREET ADDRESS	107 PINE CIRCLE DRIVE	
5.4 CITY-ST-ZIP	PALM COAST, FL 32164	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: **HOLDER** 1/22/97 (904) 437-7533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0002902

CR2E037 (9/96)