


FILE NOW: FILING FEE \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32454** (3)
1. Corporation Name
AFRICAN AMERICAN CULTURAL ARTS ORGANIZATION, INC



Principal Place of Business POST OFFICE BOX 1702 WEST PALM BEACH FL 33402-1702	Mailing Address POST OFFICE BOX 1702 WEST PALM BEACH FL 33402-1702
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1989		3a. Date of Last Report 06/06/1996	
21		26		4. FEI Number 65-0126760		Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, TERRY	1.2 NAME	
STREET ADDRESS	1155 AVENUE G	1.3 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLSON, ED	2.2 NAME	
STREET ADDRESS	610 S MANGONIA CIR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL 33401	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, BEVINS JR	3.2 NAME	
STREET ADDRESS	2923 AVENUE FBLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, PATRICA	4.2 NAME	
STREET ADDRESS	3726 SAVOY LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, DEBRA	5.2 NAME	
STREET ADDRESS	115 E. TIFFANY DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, PATRICE	6.2 NAME	
STREET ADDRESS	1589 9TH STREET WEST	6.3 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	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)(l), 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: *[Signature]* **4/10/97** **561-832-0202**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039046

CR2E037 (9/96)