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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N46540 (3)

1. Corporation Name
AFRICAN AMERICAN CULTURAL SOCIETY INC.

Principal Place of Business	Mailing Address
15 PICKWOOD PLACE PALM COAST FL 32137	P.O. BOX 350607 PAL COAST FL 32135-0607 US

3. Date Incorporated or Qualified: 12/19/1991

4. FEI Number: 59-3104305 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOLDER, LIONEL
70 BAYSIDE DRIVE
PALM COAST FL 32137

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HOLDER, LIONEL		1.2 NAME	MAUGE, CLARENCE	
STREET ADDRESS	70 BAYSIDE DRIVE		1.3 STREET ADDRESS	42 BRIGADOON LANE	
CITY-ST-ZIP	PALM COAST FL		1.4 CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, DOROTHY G		2.2 NAME		
STREET ADDRESS	35 BALLARD LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BOONE, WALTER		3.2 NAME	ROBINSON, STEPHANIE	
STREET ADDRESS	103 BRUSHWOOD LANE		3.3 STREET ADDRESS	2 BUTTERNUT DRIVE	
CITY-ST-ZIP	PALM COAST FL		3.4 CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWNE, JACQUELINE		4.2 NAME		
STREET ADDRESS	63 WELLSTREAM LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCARTHY, LOUIS		5.2 NAME		
STREET ADDRESS	107 PINE CIRCLE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, ROBERT		6.2 NAME		
STREET ADDRESS	103 POINT PLEASANT DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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] CLARENCE A. MAUGE 1/16/98 (904)445-6023