

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified 05/23/1989	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 65-0126760		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent EDWARD GOLSON 610 S. MANGONIA CIRCLE W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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	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 FBLVD.
CITY-ST-ZIP	RIVIERA BEACH FL 33404
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HOLMES, PATRICA
STREET ADDRESS	3726 SAVOY LANE
CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	V <input type="checkbox"/> DELETE
NAME	ARNOLD, DEBRA
STREET ADDRESS	115 E. TIFFANY DR.
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	D <input type="checkbox"/> DELETE
NAME	DANIELS, PATRICE
STREET ADDRESS	1589 9TH STREET WEST
CITY-ST-ZIP	RIVIERA BEACH FL 33404
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D GLAZE, LEE
3.3 STREET ADDRESS	109 QUEENS LN.
3.4 CITY-ST-ZIP	ROYAL PALM, BCH. 33411
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 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: Edward Golson / **EDWARD GOLSON** 4/1/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (10/97)