

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90075 032 ****61.25

DOCUMENT # N32454

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0126760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARD GOLSON
610 S. MANGONIA CIRCLE
W. PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **GOLSON, ED**
 CITY-ST-ZIP **610 S MANGONIA CIR.**
W. PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **BENNETT, BEVINS JR**
 CITY-ST-ZIP **2923 AVNEUE FBLVD.**
RIVIERA BEACH FL 33404

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GLAZE, LEE**
 CITY-ST-ZIP **109 QUEENS LN**
ROYAL PALM BCH FL 33411

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **ARNOLD, DEBRA**
 CITY-ST-ZIP **115 E. TIFFANY DR.**
WEST PALM BEACH FL 33407

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **DANIELS, PATRICE**
 CITY-ST-ZIP **1589 9TH STREET WEST**
RIVIERA BEACH FL 33404

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **TERRY THOMAS**
 CITY-ST-ZIP **300 N. WARE DRIVE**
WEST PALM BEACH, FL. 33409

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 561-832-0202

Date

Daytime Phone #

CR2E037 (10/00)