

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90015 047 \*\*\*\*61.25

**DOCUMENT # N46540**

1. Entity Name  
**AFRICAN AMERICAN CULTURAL SOCIETY INC.**



Principal Place of Business  
**4422 ROUTE 1 NORTH  
PALM COAST, FL 32137**

Mailing Address  
**P.O. BOX 350607  
PAL COAST, FL 32135-0607 US**

**54063654**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07042004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3104305**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BOONE, WALTER R JR  
29 WEYMOUTH LN  
PALM COAST, FL 32164**

Name **VIVIAN RICHARDSON**

Street Address (P.O. Box Number is Not Acceptable)  
**79 BRUNNING LN**

City **PALM COAST, FL** Zip Code **32137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Vivian Richardson*

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

(NOTE: Registered Agent signature required when reissuing)

**7/6/04**  
DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **BOONE, WALTER R JR**  
STREET ADDRESS **29 WEYMOUTH LN**  
CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE **VIVIAN RICHARDSON** ☒ Change ☐ Addition  
NAME **VIVIAN RICHARDSON**  
STREET ADDRESS **79 BRUNNING LN**  
CITY-ST-ZIP **PALM COAST, FL. 32137**

TITLE **S** ☐ Delete  
NAME **ROBINSON, DOROTHY**  
STREET ADDRESS **35 BALLARD LN**  
CITY-ST-ZIP **PALM COAST, FL 32137**

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

TITLE **T** ☒ Delete  
NAME **MERRIT, KATHERINE**  
STREET ADDRESS **61 WOODHOLLOW LN**  
CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE **ETHEL RILEY** ☒ Change ☐ Addition  
NAME **ETHEL RILEY**  
STREET ADDRESS **172 BEACHWAY DR.**  
CITY-ST-ZIP **PALM COAST, FL. 32137**

TITLE **D** ☐ Delete  
NAME **BROOKS, ERMA**  
STREET ADDRESS **103 POINT PLEASANT DR**  
CITY-ST-ZIP **PALM COAST, FL 32164**

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

TITLE **D** ☐ Delete  
NAME **ROBINSON, WILLIAM**  
STREET ADDRESS **29 WOODFIELD DR**  
CITY-ST-ZIP **PALM COAST, FL 32164**

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

TITLE **C** ☒ Delete  
NAME **LEE, JAMES**  
STREET ADDRESS **1 BISCAYNE PL**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **EVELYN CORBIN** ☒ Change ☐ Addition  
NAME **EVELYN CORBIN**  
STREET ADDRESS **60 FOLSON LN**  
CITY-ST-ZIP **PALM COAST, FL. 32137**

12. I 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 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:

*Vivian Richardson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/04**  
Date

**447-7030**  
Daytime Phone #