

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-16-2005 90041 002 ****61.00
08-30-2005 90030 049 *****9.00

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		
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 59-3104305	
				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		
RICHARDSON, VIVIAN 79 BRUNNING LANE PALM COAST, FL 32137			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u><i>Vivian Richardson, President</i></u> <u>8/9/05</u> Signatures, typed or printed name of registered agents and see if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by September 7, 2005		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	TITLE	☐ Change ☐ Addition	
NAME	RICHARDSON, VIVIAN		NAME		
STREET ADDRESS	79 BRUNNING LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ROBINSON, DOROTHY		NAME		
STREET ADDRESS	35 BALLARD LN		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	RILEY, ETHEL		NAME	<i>Joe Tuohy</i>	
STREET ADDRESS	172 BEACHWAY DRIVE		STREET ADDRESS	<i>14 Felicia Ct.</i>	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	<i>Palm Coast, FL 32137</i>	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BROOKS, ERMA		NAME		
STREET ADDRESS	103 POINT PLEASANT DR		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	ROBINSON, WILLIAM		NAME	<i>William Seawey</i>	
STREET ADDRESS	29 WOODFIELD DR		STREET ADDRESS	<i>8 Edgar Lane</i>	
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	<i>Palm Coast, FL 32164</i>	
TITLE	C	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CORBIN, EVELYN		NAME		
STREET ADDRESS	60 FOLSON LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		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: <u><i>Vivian Richardson, President</i></u> <u>8/25/05</u> Signatures and typed or printed name of signing officer or director					

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