

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006663

FILED
Feb 12, 2019
Secretary of State
8608138051CC

Entity Name: AFRICAN-AMERICAN COLLEGIATE SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

172 FREEMAN ROUSE ROAD
WEWAHITCHKA, FL 32465

Current Mailing Address:

PO BOX 973
WEWAHITCHKA, FL 32465

FEI Number: 59-0642967

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RANIE, BENJAMIN
154 AMY CIRCLE
WEWAHITCHKA, FL 32465 US

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: BENJAMIN RANIE

02/12/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name JONES, LOUISE
Address 2188 METHODIST HILL
City-State-Zip: WEWAHITCHKA FL 32465

Title D
Name JONES, PATRICIA
Address 1166 GRAY ANDERSON ROAD
City-State-Zip: WEWAHITCHKA FL 32465

Title D
Name JONES, ROBERT
Address 1166 GRAY ANDERSON ROAD
City-State-Zip: WEWAHITCHKA FL 32465

Title D
Name MYERS, MARVEL
Address 1050 WEST RIVER ROAD
City-State-Zip: WEWAHITCHKA FL 32465

Title D
Name STACEY, DELOIS
Address 150 RACETRACK ROAD
City-State-Zip: WEWAHITCHKA FL 32465

Title D
Name WILLIAMS, PAMELA D
Address 115 RIVERSIDE COURT
City-State-Zip: DOUGLASVILLE GA 30134

Title PRESIDENT
Name RANIE, BENJAMIN
Address 140 CARVER AVENUE
City-State-Zip: WEWAHITCHKA FL 32465

Title VP
Name CARTER, ROY L SR.
Address 1158 WEST RIVER ROAD
City-State-Zip: WEWAHITCHKA FL 32465

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VERONICA CARTER

TEASURER

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name KEITH, DENISE
Address 114 HAND CIRCLE
City-State-Zip: WEWAHITCHKA FL 32465

Title DIRECTOR
Name JONES, ZENVALEEN
Address 264 JIM RISH ROAD
City-State-Zip: WEWAHITCHKA FL 32465

Title DIRECTOR
Name FISHER, MARGARET A
Address 162 SPRING TIME ROAD
City-State-Zip: WEWAHITCHKA FL 32465

Title TREASURER
Name CARTER, VERONICA
Address 1158 WEST RIVER RD.
City-State-Zip: WEWAHITHKA FL 32465

Title DIRECTOR
Name JONES, JOHNNY
Address 264 JIM RISH ROAD
City-State-Zip: WEWAHITCHKA FL 32465