

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000822

**Entity Name:** AFRICAN AMERICAN RESEARCH LIBRARY AND CULTURAL CENTER OF PALM BEACH COUNTY, INC.

**FILED**  
**Feb 12, 2014**  
**Secretary of State**  
**CC9884377265**

**Current Principal Place of Business:**

4208 WAVERLY DR.  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

4208 WAVERLY DR.  
WEST PALM BEACH, FL 33407

**FEI Number: 30-0406493**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ANDREWS, FLOYD  
4208 WAVERLY DR.  
WEST PALM BEACH, FL 33407 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ANDREWS, FLOYD  
Address 4208 WAVERLY DR.  
City-State-Zip: WEST PALM BEACH FL 33407

Title S  
Name FERGUSON, GWENDOLYN  
Address 1909 PINEHURST DR.  
City-State-Zip: WEST PALM BEACH FL 33407

Title T  
Name HARRISON-NELSON, ANNIE R.  
Address 1400 6TH ST.  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name MCDONALD, S. BRUCE  
Address 8651 PALAMINO DR.  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name GIBSON, DONALD  
Address 1481 7TH ST.  
City-State-Zip: WEST PALM BEACH FL 66401

*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: ANNIE R. HARRISON- NELSON**

**TREASURER**

**02/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date