

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005650

**FILED**  
**Mar 13, 2022**  
**Secretary of State**  
**6041105153CC**

**Entity Name:** AFRICAN AMERICAN COLLEGIATE & YOUTH GOLFERS HALL OF FAME, INC.

**Current Principal Place of Business:**

1032 CENTER STONE LANE  
RIVIERA BEACH,, FL 33404

**Current Mailing Address:**

PO BOX 31901  
PALM BEACH GARDENS,, FL 33420

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: Yes**

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

KNOWLES, ESMERALDA H  
1032 CENTER STONE LANE  
RIVIERA BEACH, FL 33404 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 KNOWLES, MALACHI  
Address 1032 CENTER STONE LANE  
City-State-Zip: RIVIERA BEACH FL 33404

Title VP  
Name BLANCO, NORMAN F.  
Address PO BOX 31901  
City-State-Zip: PALM BEACH GARDENS, FL 33420

Title TREASURER  
Name KNOWLES, ESMERALDA H  
Address 1032 CENTER STONE LANE  
City-State-Zip: RIVIERA BEACH FL 33404

Title SECRETARY  
Name DAVIS, DARIUS A.  
Address PO BOX 31901  
City-State-Zip: PALM BEACH GARDENS, FL 33420

Title DIRECTOR  
Name BOGER, ERNEST P. PHD  
Address PO BOX 31901  
City-State-Zip: PALM BEACH GARDENS, FL 33420

Title DIRECTOR  
Name BOOKER, EVETTE  
Address PO BOX 31901  
City-State-Zip: PALM BEACH GARDENS, FL 33420

Title DIRECTOR  
Name BIZZLE, MILES CHRISTOPHER  
Address PO BOX 31901  
City-State-Zip: PALM BEACH GARDENS, FL 33420

Title DIRECTOR  
Name JONES, TIANA JALISA CORRINE  
Address PO BOX 31901  
City-State-Zip: PALM BEACH GARDENS, FL 33420

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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: MALACHI KNOWLES**

**PRESIDENT**

**03/13/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PHIPPS, II, ANTHONY  
Address PO BOX 31901  
City-State-Zip: PALM BEACH GARDENS, FL 33420

Title DIRECTOR  
Name DENT, JOSEPH SAMUEL  
Address 1032 CENTER STONE LANE  
City-State-Zip: RIVIERA BEACH, FL 33404

Title DIRECTOR  
Name WALLER, LAUREN  
Address PO BOX 31901  
City-State-Zip: PALM BEACH GARDENS FL 33420