

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000005371

**Entity Name:** THE AFRICAN-AMERICAN COACHES, GAME OFFICIALS AND ATHLETIC ASSOCIATION, INC.

**FILED**  
**Apr 06, 2018**  
**Secretary of State**  
**CC6408362062**

**Current Principal Place of Business:**

3123 CLYDE DRIVE  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

3123 CLYDE DRIVE  
JACKSONVILLE, FL 32208

**FEI Number: 81-3189320**

**Certificate of Status Desired: No**

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

AUSTIN, ALFRED  
12565 SAMPSON RD  
JACKSONVILLE, FL 32218 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 AUSTIN, ALFRED  
Address 12565 SAMPSON RD  
City-State-Zip: JACKSONVILLE FL 32218

Title VP  
Name MEEKS, SPENCER W JR  
Address 9800 TOUCHTON RD APT 1214  
City-State-Zip: JACKSONVILLE FL 32246

Title T  
Name HALL, EDWARD W  
Address 3123 CLYDE DRIVE  
City-State-Zip: JACKSONVILLE FL 32208

Title VP  
Name HAIR, HAROLD JR  
Address 1645 WEST 20TH STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title SECRETARY  
Name THOMAS, DAVID M  
Address 3938 MUIRFIELD E  
City-State-Zip: JACKSONVILLE FL 32225

*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: EDWARD HALL**

**TREASURER**

**04/06/2018**

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

\_\_\_\_\_  
Date