

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32454

**Entity Name:** AFRICAN AMERICAN CULTURAL ARTS ORGANIZATION, INC.

**Current Principal Place of Business:**

610 S. MANGONIA CIRCLE  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

POST OFFICE BOX 1702  
WEST PALM BEACH, FL 33402-1702

**FEI Number:** 65-0126760

**Certificate of Status Desired:** No

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

EDWARD GOLSON  
610 S. MANGONIA CIRCLE  
W. PALM BEACH, FL 33401 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 GOLSON, EDWARD  
Address 610 S MANGONIA CIR.  
City-State-Zip: W. PALM BEACH FL 33401

Title V  
Name ROBINSON, ELIZABETH P  
Address 620 W 34TH STREET  
City-State-Zip: RIVIERA BEACH FL 33404

Title S  
Name ILES, ANN  
Address 321 W 30TH STREET  
City-State-Zip: RIVIERA BEACH FL 33404

Title T  
Name BENNETT, BEVINS JR.  
Address 2923 AVNEUE FBLVD.  
City-State-Zip: RIVIERA BEACH FL 33404

Title D  
Name STEVE, WHITE  
Address 808 W. 1ST STREET  
City-State-Zip: RIVIERA BCH FL 33404

*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 GOLSON**

**PRESIDENT**

**04/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date