

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

DOCUMENT# N46540

**Entity Name:** AFRICAN AMERICAN CULTURAL SOCIETY INC.**Current Principal Place of Business:**4422 US HIGHWAY 1 NORTH  
PALM COAST, FL 32137**Current Mailing Address:**P.O. BOX 350607  
PALM COAST, FL 32135-0607 US**FEI Number: 59-3104305****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**KRAUSE, VICTOR  
114 NORTH LAKEWALK DRIVE  
PALM COAST, FL 32137 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            PRESIDENT  
Name            EDMUND, PINTO G JR.  
Address        1 ERIC PLACE  
City-State-Zip: PALM COAST FL 32137

Title            DIRECTOR  
Name            WHITING, ROBERT  
Address        54 FRONT STREET  
City-State-Zip: PALM COAST FL 32137

Title            DIRECTOR  
Name            BACHOO, CYNTHIA A  
Address        38 PINELL LANE  
City-State-Zip: PALM COAST FL 32164

Title            DIRECTOR  
Name            SEENEY, WILLIAM L.  
Address        8 EDGAR LANE  
City-State-Zip: PALM COAST FL 32164

Title            CFO  
Name            KRAUSE, VICTOR  
Address        114 NORTH LAKEWALK DRIVE  
City-State-Zip: PALM COAST FL 32137

Title            CHAIRMAN  
Name            RICHARD, BARNES  
Address        P.O. BOX 352686  
City-State-Zip: PALM COAST FL 32135-2686

Title            DIRECTOR  
Name            RICHARDSON, VIVIAN  
Address        79 BRUNING LANE  
City-State-Zip: PALM COAST FL 32137

Title            DIRECTOR  
Name            SOLOMON, BARBARA  
Address        P.O. BOX 354059  
City-State-Zip: PALM COAST FL 32135

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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: VICTOR KRAUSE****FINANCIAL SECRETARY****01/09/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WILLIAMS, G. HENRY
Address	P.O. BOX 2706
City-State-Zip:	PALM COAST FL 32203