

**2024 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  
BUNNELL, FL 32110**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            JONES, JOSEPH T.  
Address        6 SOUTH WATERVIEW DRIVE  
City-State-Zip: PALM COAST FL 32137

Title            DIRECTOR  
Name            FOXE, VANESSA J.  
Address        55 RYLAND DRIVE  
City-State-Zip: PALM COAST FL 32164

Title            DIRECTOR  
Name            JOHNSON, ANGELA  
Address        34 FERGATE LANE  
City-State-Zip: PALM COAST FL 32137

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

Title            DIRECTOR  
Name            DEMPSEY, ALTON W.  
Address        195 LONDON DRIVE  
City-State-Zip: PALM COAST FL 32137

Title            DIRECTOR  
Name            DUNHAM, CHAUNCEY  
Address        65 LA MANCHA DRIVE  
City-State-Zip: PALM COAST FL 32137

Title            CHAIRMAN  
Name            MATTHEWS, STEPHANIE E.  
Address        2 BUTTERNUT DRIVE  
City-State-Zip: PALM COAST FL 32137

Title            VP, 2ND.  
Name            MORAIS, MELINDA J.  
Address        67 WELSHIRE LANE  
City-State-Zip: PALM COAST FL 32164

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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 R KRAUSE**DIRECTOR****02/20/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title PARLIAMENTARIAN  
Name SCHLIEPER, REINHOLD  
Address 23 SEAFARING PATH  
City-State-Zip: PALM COAST FL 32164

Title SERGEANT-AT-ARMS  
Name CHANDLER, BERKELEY O. JR.  
Address 103 RAINTREE CIRCLE  
City-State-Zip: PALM COAST FL 32164

Title TREASURER  
Name ROBERTSON, MERRITT  
Address 33 WESTCHESTER LANE  
City-State-Zip: PALM COAST FL 32164

Title CORRESPONDING SECRETARY  
Name GREEN, BARBARA A.  
Address 2 BROWNSTONE LANE  
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR  
Name MATTHEWS, JOSEPH L.  
Address P.O. BOX 351343  
City-State-Zip: PALM COAST FL 32135

Title CHAPLAIN  
Name HOPSON, WILLIAM K.  
Address 68 WHEELING LANE  
City-State-Zip: PALM COAST FL 32164

Title FINANCIAL SECRETARY  
Name JOHNSON, ORLANDO N.  
Address 17 RIVIERA ESTATES DRIVE  
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR  
Name BATEN, LYNDIA H.  
Address 86 ROLLING SANDS DRIVE  
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR  
Name DODSON-LUCAS, SYBIL  
Address 17 WINTERBERRY PLACE  
City-State-Zip: PALM COAST FL 32164

Title 1ST VICE PRESIDENT  
Name BARNES, RICHARD P.  
Address P.O. BOX 352686  
City-State-Zip: PALM COAST FL 32135