

**2023 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            TANNER, JEAN M  
Address        6 TUCKAHOE WAY  
City-State-Zip: PALM COAST FL 32164

Title            DIRECTOR  
Name            BOTTOMS, KURT R.  
Address        P.O. BOX 350233  
City-State-Zip: PALM COAST FL 32135-0233

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****03/12/2023**

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           SINGLETON, GLORIA D.  
Address        45 BOLLING LANE  
City-State-Zip: PALM COAST FL 32137

Title            RECORDING SECRETARY  
Name           WRIGHT, GERALDINE  
Address        4 NEW OAK LEAF DRIVE  
City-State-Zip: PALM COAST FL 32137

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           ISAAC, DANIEL  
Address        69 BEACHWAY DRIVE  
City-State-Zip: PALM COAST FL 32137

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

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