

2019 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 32164**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 MATTHEWS, JOSEPH
Address P.O. BOX 351343
City-State-Zip: PALM COAST FL 32135

Title DIRECTOR
Name TANNER, JEAN M
Address 6 TUCKAHOE WAY
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name MCCARTY, MELBA J.
Address 35 PACIFIC DRIVE
City-State-Zip: PALM COAST FL 32164

Title VP, 1ST.
Name DODSON-LUCAS, SYBIL
Address 17 WINTERBERRY PLACE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name JACOB, SHIRLEY R.
Address 137 PRITCHARD DRIVE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name WOODS, MESHELLA E.
Address 67 PRICE LANE
City-State-Zip: PALM COAST FL 32164

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

Title CHAIRMAN
Name PINTO, EDMUND G. JR.
Address 1 ERIC PLACE
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: JOSEPH MATTHEWS

PRESIDENT

02/13/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title CHAPLAIN
Name WEEMS, MURIEL
Address 94 EMERSON DRIVE
City-State-Zip: PALM COAST FL 32164

Title PARLIAMENTARIAN
Name WHEELER, JEANETTE B.
Address 2 CHINOOK COURT
City-State-Zip: PALM COAST FL 32164

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

Title CORRESPONDING SECRETARY
Name WARING, SHARON M.
Address 66 LEAVER DRIVE
City-State-Zip: PALM COAST FL 32137

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

Title SERGEANT-AT-ARMS
Name REID, JOHN
Address 134 PALMWOOD DRIVE
City-State-Zip: PALM COAST FL 32164

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

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

Title DIRECTOR
Name MCCRAY, MARIE WINSTON
Address 40 WOODLYN LANE
City-State-Zip: PALM COAST FL 32164