

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