

**2017 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           WILLIAMS, G. HENRY  
Address        P.O. BOX 2706  
City-State-Zip: PALM COAST FL 32203

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           CAMPBELL, DORA  
Address        32 WOODFAIR 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: VICTOR KRAUSE****TREASURER****02/21/2017**

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

Title RECORDING SECRETARY  
Name MCCARTY, MELBA J.  
Address 35 PACIFIC DRIVE  
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