2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004598

Entity Name: AFRICAN AMERICAN DEVELOPMENT COUNCIL, INC.

FILED Jan 31, 2022 **Secretary of State** 9673412697CC

Current Principal Place of Business:

7705 CR 136

LIVE OAK, FL 32060

Current Mailing Address:

PO BOX 416

LIVE OAK, FL 32064 US

FEI Number: 59-3708106 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCOTT, YVONNE V 7705 CR 136 LIVE OAK, FL 32060 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: YVONNE V SCOTT 01/31/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title VP, TREASURER SCOTT, YVONNE CASON, CATHERINE Name Name

7705 CR136 **PO BOX 433** Address Address

City-State-Zip: LIVE OAK FL 32064 LIVE OAK FL 32060 City-State-Zip:

Title **BOARD MEMBER** Title **SECRETARY**

Name BAILEY, CAROLYN KELLY DR. WELLS, MURLIN Name

Address 1120 SILAS DRIVE SW Address 7833 103 RD

106

City-State-Zip: LIVE OAK FL 32060 City-State-Zip: LIVE OAK FL 32064

Title **BOARD MEMBER** Title **BOARD MEMBER**

Name IVEY-SMITH, ARLENE Name CALDWELL, GARY Address 213 SHELBY AVE Address 646 HENRY ST. SE LIVE OAK FL 32060

City-State-Zip: City-State-Zip: LIVE OAK FL 32064

Title **GRAPHICS** Title **BOARD MEMBER** CALDWELL, ALAINA Name NEWTON. SHERLEN Name

646 HENRY ST. SE Address Address 9953 110TH TER

City-State-Zip: LIVE OAK FL 32064 LIVE OAK FL 32060 City-State-Zip:

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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.

01/31/2022 SIGNATURE: YVONNE SCOTT **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleBOARD MEMBERTitleBOARD MEMBERNameALLEN, MARCUSNameWIGGINS, TIMOTHY

Address 212 WALKER AVENUE SW Address PO BOX 416

City-State-Zip: LIVE OAK FL 32064 City-State-Zip: LIVE OAK FL 32064