

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jun 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000001572 (5)

1. Corporation Name

AMERICANS WITH AFRICAN ROOTS EMPOWERED (A'WA'RE)  
INC.

Principal Place of Business

Mailing Address

3380 MACMASTER PL  
MELBOURNE FL 32934

3380 MACMASTER PL  
MELBOURNE FL 32934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1995

4. FEI Number

59-3308393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

HARRIS, PERCY L  
3380 MACMASTER PLACE  
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81 Name Percy L. Harris

82 Street Address (P.O. Box Number is Not Acceptable)

3380 MacMaster Place

83

84 City Melbourne

FL

85 Zip Code 32934

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Percy L. Harris President/CEO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP  
NAME HARRIS, PERCY L  
STREET ADDRESS 3380 MACMASTER PL.  
CITY-ST-ZIP MELBOURNE FL 32934 ☐ DELETE

TITLE CVT  
NAME GIPSON, RUDY  
STREET ADDRESS 1093 CORONADO DR.  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☒ DELETE

TITLE DS  
NAME HARRIS, PAMELA E  
STREET ADDRESS 3380 MACMASTER PLACE  
CITY-ST-ZIP MELBOURNE FL 32934 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE Treasurer  
2.2 NAME Damon Haynes  
2.3 STREET ADDRESS 302 Rachelle Ave. Apt. 224  
2.4 CITY-ST-ZIP Sanford, Florida 32771 ☒ Change ☐ Addition

3.1 TITLE Secretary  
3.2 NAME Billy D. Harris  
3.3 STREET ADDRESS 3380 MacMaster Place  
3.4 CITY-ST-ZIP Melbourne, Florida 32934 ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 700002546887  
4.4 CITY-ST-ZIP -06/04/98--01004--036 ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS \*\*\*150.00  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CP2E034 (10/97)