

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90065 001 ***122.50

DOCUMENT # N00000002742

1. Entity Name
AFRICAN AMERICAN CULTURE CLUB, INC. OF TAMPA



Principal Place of Business
**1312 N. 17TH STREET
TAMPA, FL 33605**

Mailing Address
**3106 E. LAKE AVENUE
TAMPA, FL 33610**

00404007



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09142004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3644753

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AIKENS, THOMAS
3106 EAST LAKE AVENUE
TAMPA, FL 33610**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AIKENS, THOMAS
3106 EAST LAKE AVENUE
TAMPA, FL 33610** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LACHERYL AIKENS-GUZMAN
2404 WOODY TRACE LN
TAMPA, FL 33612** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AIKENS, YVONNE J
3106 EAST LAKE AVENUE
TAMPA, FL 33610** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AIKENS, NICOLE T
3106 EAST LAKE AVENUE
TAMPA, FL 33610** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/20/04
LACHERYL AIKENS-GUZMAN 813-232-8725