

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000004967**

1. Entity Name

**AFRICAN-AMERICAN ASSOCIATION OF DELTONA INC.**

Principal Place of Business

1255 COMERWOOD DRIVE  
DELTONA FL 32738

Mailing Address

P O BOX 5312  
DELTONA FL 32725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3643817

Applied For

Not Applicable

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

HEPBURN, SAMUEL P  
1255 COMERWOOD DRIVE  
DELTONA FL 32738

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME HEPBURN, SAMUEL P  
STREET ADDRESS 1255 COMERWOOD DRIVE  
CITY-ST-ZIP DELTONA FL 32738TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP ☐ Delete  
NAME BENZO, FELICIA  
STREET ADDRESS 1309 MICHAEL AVE  
CITY-ST-ZIP DELTONA FL 32738TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE SD ☐ Delete  
NAME GORDY, THOMAS W REV  
STREET ADDRESS 309 RACHELLE AVE #616  
CITY-ST-ZIP SANFORD FL 32771TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE T ☐ Delete  
NAME SCOTLAND, IRIS  
STREET ADDRESS 1327 MICHAEL AVE  
CITY-ST-ZIP DELTONA FL 32738TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE PD ☐ Delete  
NAME PERGER, PATRICK  
STREET ADDRESS 1489 ROSEBORO DRIVE  
CITY-ST-ZIP DELTONA FL 32725TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE SOA ☐ Delete  
NAME TAYLOR, KENNETH  
STREET ADDRESS 562 RICHMOND AVE  
CITY-ST-ZIP DELTONA FL 32725TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90017 039 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)