

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90015 030 ****61.25

DOCUMENT # N00000004967 1. Entity Name AFRICAN-AMERICAN ASSOCIATION OF DELTONA INC.					
Principal Place of Business 1489 E NORMANDY BLVD DELTONA, FL 32725 US				Mailing Address P O BOX 391351 DELTONA, FL 32739	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 684 Raleigh Court		Suite, Apt. #, etc. P.O. Box 391351			
City & State DELTONA FL		City & State DELTONA FL			
Zip 32738		Country USA		Zip 32738	
Country USA		Country USA			
6. Name and Address of Current Registered Agent REED, ZERA 1489 E NORMANDY BLVD DELTONA, FL 32725				7. Name and Address of New Registered Agent Name James Webster Street Address (P.O. Box Number is Not Acceptable) 684 Raleigh Court City DELTONA FL Zip Code 32738	
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 <u>James Webster</u> <u>7/21/08</u> 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 12, 2008		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	P MOORE, ART 1633 DUBLIN ROAD DELTONA, FL 32738 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT REED ZERA 1489 E NORMANDY BLVD DELTONA, FL 32725 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMS, MICHAEL 2889 COTTAGEVILLE ST DELTONA, FL 32738 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HUTTON, DOREEN 1550 TIVOLI DR DELTONA FL 32725 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REED, ZERA 1489 E NORMANDY BLVD DELTONA, FL 32725 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY STEPHENS, GLENDORIA 2340 ORTON CT. DELTONA, FL 32725 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LLEWELLYN, RICHARD 2332 CURTISS RD DELTONA, FL 32738 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WEBSTER, JAMES 684 Raleigh Court DELTONA FL 32738 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBSTER, JOYCE 684 RALEIGH CT DELTONA, FL 32738 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MOORE, ART 1633 DUBLIN ROAD DELTONA FL 32738 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, MARY 2796 W HARON DR DELTONA, FL 32738 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WHEATLEY LUCILLE 2409 LOREDO DR DELTONA FL 32738 ☒ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>James Webster</u>			<u>7/21/08</u> <u>386 57459</u> Date Daytime Phone #		