

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004967

FILED  
Jan 31, 2009  
Secretary of State

**Entity Name:** AFRICAN-AMERICAN ASSOCIATION OF DELTONA INC.

**Current Principal Place of Business:**

684 RALEIGH COURT  
DELTONA, FL 32738 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 391351  
DELTONA, FL 32738

**New Mailing Address:**

**FEI Number:** 59-3643817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEBSTER, JAMES  
684 RALEIGH COURT  
DELTONA, FL 32738 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REED, ZERA  
Address: 1489 E NORMANDY BLVD  
City-St-Zip: DELTONA, FL 32725

Title: VP ( ) Delete  
Name: HUTTEN, DOREEN  
Address: 1550 TIVOLI DR  
City-St-Zip: DELTONA, FL 32725

Title: S ( ) Delete  
Name: STEPHENS, GLENDORIA  
Address: 2340 ORTON CT  
City-St-Zip: DELTONA, FL 32725 US

Title: T ( ) Delete  
Name: WEBSTER, JAMES  
Address: 684 RALEIGH COURT  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: MOORE, ART  
Address: 1633 DUBLIN RD  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: WHEATLEY, LUCILLE  
Address: 2409 LOREDO DR  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JONES, DONALD  
Address: 1224 TIVOLI STREET  
City-St-Zip: DELTONA, FL 32725

Title: VP (X) Change ( ) Addition  
Name: WILLIMAS, MICHAEL  
Address: 2889 COTTAGEVILLE STREET  
City-St-Zip: DELTONA, FL 32738

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES WEBSTER

TREA

01/31/2009

Electronic Signature of Signing Officer or Director

Date