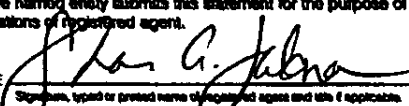
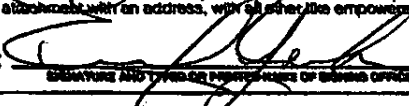


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 90559 041 ****61.25

DOCUMENT # N02000006398			
1. Entity Name FLORIDA AFRICAN AMERICAN HIV/AIDS COUNCIL OF PALM BEACH COUNTY, INC.			
Principal Place of Business 3900 BROADWAY W PALM BCH, FL 33407		Mailing Address PO BOX 9504 RIVERA BCH, FL 33419	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 3345 N. Haverhill Rd.		Suite, Apt. #, etc.	
City & State West Palm Beach		City & State	
Zip 33417	Country	Zip	Country
4. Name and Address of Current Registered Agent FALANA, CHARLES A 8039 VIA HACIENDA PALM BCH GARDENS, FL 33418		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 		DATE 4/21/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
DP	CLARK, JR., ISAAH S REV.	DP	Rev. Emmanuel Jenkins
1821 HILTONIA CIR		1233 45th St. #C4	
W PALM BCH, FL 33407		West Palm Beach, FL 33407	
TITLE	NAME	TITLE	NAME
DV	WOODARD, III, DR. M. MARSHALL REV.	DV	Rev. Dr. Clifford C. Davis
600 SW 8 ST		333 SW 4th St.	
BELLE GLADE, FL 33430		Belle Glade, FL 33430	
TITLE	NAME	TITLE	NAME
DV	JENKINS, EMMANUEL REV.	DV	Victor Jones
1233 45 ST #C4		P.O. Box 9504	
W PALM BCH, FL 33407		Rt. 7L 33404	
TITLE	NAME	TITLE	NAME
DS	MCMILLON, HORACE REV	DS	
2002 A.E. ISAAC AVE			
W PALM BCH, FL 33407			
TITLE	NAME	TITLE	NAME
DT	MCFADDEN, SR., JAMES R REV.	DT	Rev. James H. Russell, Sr.
128 11 ST		3345 N. Haverhill Rd.	
BOCA RATON, FL 33431		WPA FL 33417	
TITLE	NAME	TITLE	NAME
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: 		DATE: 04.21.04 (561) 541-3987	

See Attachment # 2

attachment

Attachment # 1

6642216-3
NO 20000063 98

Florida African American HIV/AIDS Council of Palm Beach County, Inc.
P.O. Box 9504
Riviera Beach, Florida 33419

Reference # N02000006398

May 15, 2004

Officer/Name and Address

Rev. Emmanuel Jenkins, President
1233 45th St. #C4
West Palm Beach, Florida 33407

Rev. Dr. Clifford C. Davis, Vice President
333 SW 4th St.
Belle Glade, Florida 33430

Victor Jones, Vice President
P.O. Box 9504
Riviera Beach, Florida 33419

Rev. James H. Russell, Treasurer
3345 N. Haverhill Rd.
West Palm Beach, Florida 33417