


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

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 RIVIERA BCH, FL 33419
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01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3887790	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FALANA, CHARLES A
8039 VIA HACIENDA
PALM BCH GARDENS, FL 33418**

**DO NOT WRITE
IN THIS SPACE**

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:  **1/17/05**
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 May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

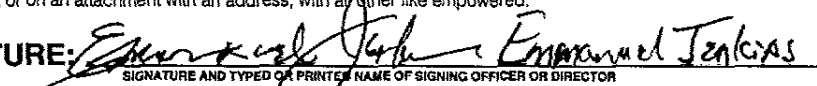
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	R JENKINS, EMMANUEL 1233 45TH ST. #C4 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R DAVIS, CLIFFORD C 333 SW 4TH ST. BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JENKINS, EMMANUEL REV. 1233 45 ST #C4 W PALM BCH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCMILLON, HORACE REV 2002 A.E. ISAAC AVE W PALM BCH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R RUSSELL, JAMES H SR 3345 N. HAVERHILL RD. WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000186031
01/21/05-80040-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1/17/05** **561-371-4704**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #