


**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.	
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Principal Place of Business 3900 BROADWAY W PALM BCH, FL 33407	Mailing Address PO BOX 9504 RIVIERA BCH, FL 33419
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DO NOT WRITE IN THIS SPACE



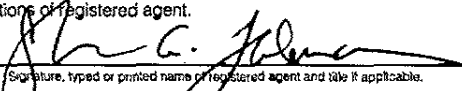
01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 22-3887790	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FALANA, CHARLES A 8039 VIA HACIENDA PALM BCH GARDENS, FL 33418
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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 DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	

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)(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 any other like empowered.	
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SIGNATURE:  Emmanuel Jenkins 1/17/05 561-371-4704	Date Daytime Phone #
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