

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90071 033 ****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
RIVIERA BCH, FL 33419**

40007392



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

0112006 Chg-NP CR2E037 (11/05)

4. FEI Number
22-3887790

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006**

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 R ☐ Delete
NAME JENKINS, EMMANUEL
STREET ADDRESS 1233 45TH ST., #C4
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE R ☐ Delete
NAME DAVIS, CLIFFORD C
STREET ADDRESS 333 SW 4TH ST.
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME JENKINS, EMMANUEL REV.
STREET ADDRESS 1233 45 ST #C4
CITY-ST-ZIP W PALM BCH, FL 33407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME MCMILLON, HORACE REV
STREET ADDRESS 2002 A.E. ISAAC AVE
CITY-ST-ZIP W PALM BCH, FL 33407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE R ☐ Delete
NAME RUSSELL, JAMES H SR
STREET ADDRESS 3345 N. HAVERHILL RD.
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Emmanuel L. Jenkins, President

1/23/06

561 541 3987

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #