## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001970

FILED Apr 28, 2005 Secretary of State

Entity Name: AFRICAN AMERICAN COUNCIL OF CHRISTIAN CLERGY OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 910 W LIVINGSTON ST ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** P O BOX 682992 ORLANDO, FL 32868 FEI Number: 06-1688989 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARNES, WILLIE C 3134 GOLDENROCK DR ORLANDO, FL 32818 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BARNES, WILLIE C REV Name: Name: 3134 GOLDEN ROCK DR Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition OLGESBY, JEFFREY REV Name: Name: Address: 2631 MARQUISE CT Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: Title: () Delete Title: () Change () Addition ANDERSON, GRANDVILLE REV Name: Name: Address: 1662 WILLIE MAYS Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: Title: ( ) Delete Title: () Change () Addition WHITEHURST-WADE, JULIA BISHOP Name: Name: 4739 SPANIEL ST Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: ( ) Delete Title: () Change () Addition CHAMPION, GEORGE L DR Name: Name: 2809 TRADEWINDS Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JULIA WHITEHURST WADE T 04/28/2005