

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90002 040 ****61.25

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1. Entity Name
**THE ELDERS' COUNCIL OF THE AFRICAN AMERICAN
RESEARCH LIBRARY AND CULTURAL CENTER, INC.**



Principal Place of Business
**3435 NW 29 ST
LAUDERDALE LAKES, FL 33311**

Mailing Address
**3435 NW 29 ST
LAUDERDALE LAKES, FL 33311**

50020385



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number

02-0697597

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HANKERSON, GWEN DR
3435 NW 29 ST
LAUDERDALE LAKES, FL 33311**

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 September 6, 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 ☐ Delete
NAME **P**
STREET ADDRESS **HANKERSON, GWEN DR**
CITY-ST-ZIP **3435 NW 29 ST
LAUDERDALE LAKES, FL 33311**

TITLE ☐ Change ☒ Addition
NAME **walker, Verdel**
STREET ADDRESS **3261 N.W. 17th St**
CITY-ST-ZIP **FT Lauderdale, FL 33311**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **THURSTON, ALFRED**
CITY-ST-ZIP **700 NW 34 ST
POMPANO BEACH, FL 33060**

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **JONES, HAZEL**
CITY-ST-ZIP **2337 NW 15 CT
FT LAUDERDALE, FL 33311**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ROBERTS, BARBARA**
CITY-ST-ZIP **523 NW 17TH AVE
FT LAUDERDALE, FL 33311**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CANADY, PEARL**
CITY-ST-ZIP **2342 NW 13 ST
FT LAUDERDALE, FL 33311**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MILLER, DOROTHY**
CITY-ST-ZIP **4420 NW 13 ST
LAUDERHILL, FL 33313**

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:

Gwen Hankerson 5-8-06 (954) 677-0896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone