200&NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000005478

CITY-ST-ZIP

LAUDERHILL, FL 33313

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



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SECRETART OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Maiting Address 3435 NW 29 ST 3435 NW 29 ST LAUDERDALE LAKES, FL 33311 LAUDERDALE LAKES, FL 33311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312008 Cha-NP CR2E037 (12/06) 4. FEI Number 02-0697597 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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 Street Address (P.O. Box Number is Not Acceptable) LAUDERDALE LAKES, FL 33311 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Make check payable to П Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITI F Delete TITLE ☐ Change ☐ Addition HANKERSON, GWEN DR NAME NAME 500124368415 04/18/08--01041--003 **61.00 STREET ADDRESS 3435 NW 29 ST STREET ADDRESS LAUDERDALE LAKES, FL 33311 CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 500124368415 THURSTON, ALFRED NAME NAME 700 NW 34 ST STREET ADDRESS STREET ADDRESS 04/18/08--01041--004 **0.25 POMPANO BEACH, FL 33060 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME JONES, HAZEL NAME 2337 NW 15 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROBERTS, BARBARA NAME NAME STREET ADDRESS **523 NW 17TH AVE** STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33311 CITY-ST-ZIP TITLE TITLE Delete Change Addition CANADY, PEARL NAME NAME 2342 NW 13 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33311 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MILLER, DOROTHY Dr. NAME NAME STREET ADDRESS 4420 NW 13 ST STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustage empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachme

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