

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 01, 2005
Secretary of State

DOCUMENT# N04000004133

Entity Name: AFRICAN AMERICAN GOLFER'S HALL OF FAME, INC.**Current Principal Place of Business:**4208 42ND WAY
WEST PALM BEACH, FL 33407**New Principal Place of Business:****Current Mailing Address:**4208 42ND WAY
WEST PALM BEACH, FL 33407**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DUFFUS, ESMERALDA
4104 DAKOTA PLACE
PALM BEACH GARDENS, FL 33418 US**Name and Address of New Registered Agent:**KNOWLES, ESMERALDA H
4208 42ND WAY
WEST PALM BEACH, FL 33407 US

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: ESMERALDA H. KNOWLES

07/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DC () Delete
Name: KNOWLES, MALACHI
Address: PO BOX 31901
City-St-Zip: PALM BEACH GARDENS, FL 33420Title: DV () Delete
Name: KNOWLES, JOHN H
Address: 3702 EVANS TRAIL WAY
City-St-Zip: BELTSVILLE, MD 20705 USTitle: DS () Delete
Name: GOUGH, DARRELL
Address: 306 COLONY POINT PLACE
City-St-Zip: EDGEWATER, MD 21037 USTitle: DT () Delete
Name: BURGMAN, RAYMONDA PH.D
Address: 1456 W. 30TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404Title: DC () Delete
Name: BROWN, MALACHI
Address: 710 ROEDER, SUITE #906
City-St-Zip: SILVER SPRING, MD 20910 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DS (X) Change () Addition
Name: GOUGH, DARRYL
Address: 306 COLONY POINT PLACE
City-St-Zip: EDGEWATER, MD 21037 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
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: MALACHI KNOWLES

DC

07/01/2005

Electronic Signature of Signing Officer or Director

Date