

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009286

FILED
Mar 25, 2009
Secretary of State

Entity Name: THE TAVARES AFRICAN AMERICAN HERITAGE ORGANIZATION, INC.

Current Principal Place of Business:

805 SUMMERALL AVENUE
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

PO BOX 1412
TAVARES, FL 32778

New Mailing Address:

P.O. BOX 1412
TAVARES, FL 32778

FEI Number: 61-1495065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, MICHAEL
805 SUMMERALL AVENUE
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: WATKINS, MICHAEL
Address: 805 SUMMERALL AVENUE
City-St-Zip: TAVARES, FL 32778

Title: VP () Delete
Name: SHORT, SHEILA
Address: PO BOX 723
City-St-Zip: TAVARES, FL 32778

Title: RS () Delete
Name: GRADY, MARY
Address: 314 INGRAHAM
City-St-Zip: TAVARES, FL 32778

Title: FS () Delete
Name: DAVIS, DIANE
Address: 515 E JACKSON
City-St-Zip: MOUNT DORA, FL 32757

Title: T () Delete
Name: MATHIS, BERNARD
Address: PO BOX 895093
City-St-Zip: LEESBURG, FL 34789

Title: D () Delete
Name: DAILEY, SHIRLEY
Address: 12548 LONA STREET
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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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 exemption stated 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 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: MICHAEL J. WATKINS

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date