


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90057 013 ****61.25

| | | | | | |
|--|-------------------------|--|--|---|---|
| DOCUMENT # N06000006663 | | | |  | |
| 1. Entity Name AFRICAN-AMERICAN COLLEGIATE SCHOLARSHIP FUND, INC. | | | | | |
| Principal Place of Business 150 FREEMAN ROUSE ROAD WEWAHITCHKA, FL 32465 | | | Mailing Address PO BOX 973 WEWAHITCHKA, FL 32465 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| GROOM II, PAUL W. 116 SAILOR'S COVE DRIVE PORT ST JOE, FL 32456 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, LOUISE | | | NAME | |
| STREET ADDRESS | 2188 METHODIST HILL | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEWAHITCHKA, FL 32465 | | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, PATRICIA | | | NAME | |
| STREET ADDRESS | 1166 GRAY ANDERSON ROAD | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEWAHITCHKA, FL 32465 | | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, ROBERT | | | NAME | |
| STREET ADDRESS | 1166 GRAY ANDERSON ROAD | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEWAHITCHKA, FL 32465 | | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MYERS, MARVEL | | | NAME | |
| STREET ADDRESS | 1050 WEST RIVER | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEWAHITCHKA, FL 32465 | | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STACEY, DELOIS | | | NAME | |
| STREET ADDRESS | 150 RACETRACK ROAD | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEWAHITCHKA, FL 32465 | | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, PAMELA | | | NAME | |
| STREET ADDRESS | 115 RIVERSIDE COURT | | | STREET ADDRESS | |
| CITY-ST-ZIP | DOUGLASVILLE, GA 30134 | | | 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: <i>Aronica Carter</i> | | | | Date: <i>04-24-07</i> Daytime Phone #: <i>850-639-2201</i> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date Daytime Phone #</small> | |

40106738



04242007 Chg-NP CR2E037 (12/06)

4. FEI Number *59-0642967* Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL

Zip Code

04-24-07

850-639-2201

AK

ATTACHMENT 40106738
#NO 6000006663
MINUTES IN LIEU OF

**ORGANIZATIONAL MEETING OF
AFRICAN-AMERICAN COLLEGIATE SCHOLARSHIP FUND, INC.**

Pursuant to applicable provisions of the Florida Statutes, the directors of African-American Collegiate Scholarship Fund, Inc. took the action hereinafter set forth, without a meeting, and evidenced their consent, ratification and approval of such action by their signatures hereto.

The following action was taken:

A copy of the Certificate of Incorporation of African-American Collegiate Scholarship Fund, Inc., certified by the Secretary of State, was inserted in the Minute Book of the corporation preceding these Minutes in Lieu of Organizational Meeting.

The By-Laws set out in the Minute Book following the certified copy of the Articles of Incorporation and immediately preceding these Minutes in Lieu of Organizational Meeting were adopted.

The seal impressed on the margin of this page was adopted as the corporate seal of this corporation.

The following officers of the corporation were elected:

| | |
|-----------------|------------------|
| Benjamin Ranie | - President |
| Roy Lee Carter | - Vice President |
| Veronica Carter | - Treasurer |
| Alfredia Owens | - Secretary |

The officers of the corporation were authorized to designate _____ Bank as depository for the corporation and to authorize any one or more of the officers of the