


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

ATTACHMENT 40106738
#NO6000006663
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