


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N06000006663**  
 1. Entity Name  
**AFRICAN-AMERICAN COLLEGIATE SCHOLARSHIP FUND, INC.**



Principal Place of Business <b>150 FREEMAN ROUSE ROAD WEWAHITCHKA, FL 32465</b>	Mailing Address <b>PO BOX 973 WEWAHITCHKA, FL 32465</b>
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**DO NOT WRITE IN THIS SPACE**



04132008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-0642967</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  
**GROOM II, PAUL W  
 116 SAILOR'S COVE DRIVE  
 PORT ST JOE, FL 32456**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

05/01/08-80008-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LOUISE 2188 METHODIST HILL WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, PATRICIA 1166 GRAY ANDERSON ROAD WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ROBERT 1166 GRAY ANDERSON ROAD WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, MARVEL 1050 WEST RIVER WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACEY, DELOIS 150 RACETRACK ROAD WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, PAMELA 115 RIVERSIDE COURT DOUGLASVILLE, GA 30134

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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: *Monica Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-08 850-639-2201  
Date Daytime Phone #