


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000006663 1. Entity Name AFRICAN-AMERICAN COLLEGIATE SCHOLARSHIP FUND, INC.	
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08 NOV 19 PM 1:06

Principal Place of Business 150 FREEMAN ROUSE ROAD WEWAHITCHKA, FL 32465	Mailing Address PO BOX 973 WEWAHITCHKA, FL 32465
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300137488939
10/30/08--01040--005 **\$1.25



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09062008 Chg-NP CR2E037 (12/06)

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

6. Name and Address of Current Registered Agent GROOM II, PAUL W 116 SAILOR'S COVE DRIVE PORT ST JOE, FL 32456	7. Name and Address of New Registered Agent Name <u>Ben Ranie - President</u> Street Address (P.O. Box Number is Not Acceptable) <u>1050 West River Rd.</u> City <u>Wewahitchka</u> FL Zip Code <u>32465</u>
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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 Ben Ranie DATE 10/21/08

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D JONES, LOUISE <input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, LOUISE	NAME	Roy Lee Carter
STREET ADDRESS	2188 METHODIST HILL	STREET ADDRESS	1158 WEST RIVER ROAD
CITY-ST-ZIP	WEWAHITCHKA, FL 32465	CITY-ST-ZIP	Wewahitchka, FL 32465
TITLE	D JONES, PATRICIA <input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, PATRICIA	NAME	Alfreda Owens
STREET ADDRESS	1166 GRAY ANDERSON ROAD	STREET ADDRESS	P.O. BOX 409
CITY-ST-ZIP	WEWAHITCHKA, FL 32465	CITY-ST-ZIP	Wewahitchka, FL 32465
TITLE	D JONES, ROBERT <input type="checkbox"/> Delete	TITLE	Treasury <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, ROBERT	NAME	Veronica Carter
STREET ADDRESS	1166 GRAY ANDERSON ROAD	STREET ADDRESS	1158 W. River Road
CITY-ST-ZIP	WEWAHITCHKA, FL 32465	CITY-ST-ZIP	Wewahitchka, FL 32465
TITLE	D MYERS, MARVEL <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, MARVEL	NAME	Zen Jones
STREET ADDRESS	1050 WEST RIVER	STREET ADDRESS	P.O. BOX 380
CITY-ST-ZIP	WEWAHITCHKA, FL 32465	CITY-ST-ZIP	Wewahitchka, FL 32465
TITLE	D STACEY, DELOIS <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STACEY, DELOIS	NAME	Johnny Jones
STREET ADDRESS	150 RACETRACK ROAD	STREET ADDRESS	P.O. BOX 380
CITY-ST-ZIP	WEWAHITCHKA, FL 32465	CITY-ST-ZIP	Wewahitchka, FL 32465
TITLE	D WILLIAMS, PAMELA <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, PAMELA	NAME	Williams E Keith
STREET ADDRESS	115 RIVERSIDE COURT	STREET ADDRESS	114 Hand Circle
CITY-ST-ZIP	DOUGLASVILLE, GA 30134	CITY-ST-ZIP	Wewahitchka, FL 32465

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: Veronica Carter Veronica Carter 10-27-08 850-639-2201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/19