

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 12, 2011
Secretary of State

Entity Name: AFRICAN-AMERICAN COLLEGIATE SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

150 FREEMAN ROUSE ROAD
WEWAHITCHKA, FL 32465

New Principal Place of Business:

Current Mailing Address:

PO BOX 973
WEWAHITCHKA, FL 32465

New Mailing Address:

FEI Number: 59-0642967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANIE, BENJAMIN
154 AMY CIRCLE
WEWAHITCHKA, FL 32465 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: D
Name: JONES, LOUISE
Address: 2188 METHODIST HILL
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D
Name: JONES, PATRICIA
Address: 1166 GRAY ANDERSON ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D
Name: JONES, ROBERT
Address: 1166 GRAY ANDERSON ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D
Name: MYERS, MARVEL
Address: 1050 WEST RIVER
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D
Name: STACEY, DELOIS
Address: 150 RACETRACK ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D
Name: WILLIAMS, PAMELA
Address: 115 RIVERSIDE COURT
City-St-Zip: DOUGLASVILLE, GA 30134

I hereby 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 all other like empowered.

SIGNATURE: BENJAMINE RANIE

PD

03/12/2011

Electronic Signature of Signing Officer or Director

Date