

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006663

FILED  
Apr 24, 2012  
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: VERONICA CARTER

TREA

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date