

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000570

FILED
Apr 20, 2009
Secretary of State

Entity Name: AFRICAN ARTIFACTS MUSEUM, INC.

Current Principal Place of Business:

5107 SMITH RYALS ROAD
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

PO BOX 3452
PLANT CITY, FL 335630008

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CX SYSTEMS INT'L, INC.
5107 SMITH RYALS ROAD
PLANT CITY, FL 33567 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: A () Delete
Name: BAILEY, CYNTHIA R
Address: PO BOX 3452
City-St-Zip: PLANT CITY, FL 335630008

Title: VP () Delete
Name: GOODMAN, INEZ
Address: PO BOX 3452
City-St-Zip: PLANT CITY, FL 335630008

Title: D () Delete
Name: SMITH, CYNTHIA C
Address: 910 E. MARTIN LUTHER KING BLVD.
City-St-Zip: PLANT CITY, FL 33563

Title: TD () Delete
Name: JOHNSTON, JOSEPH A JR.
Address: 5911 SMITH RYALS ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: DAVIS, CATHY F
Address: 609 SHORT STREET
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: GAY, JOE L SR.
Address: 2440 BERRY ROAD
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CYNTHIA R. BAILEY

ADM

04/20/2009

Electronic Signature of Signing Officer or Director

Date