

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001901

FILED
Apr 23, 2012
Secretary of State

Entity Name: THE ANDREW CENTER FOR AFRICAN AMERICAN HISTORY, INC

Current Principal Place of Business:

5131 E PORTOFINO LANDINGS BLVD.
#205
FORT PIERCE, FL 34947 US

New Principal Place of Business:

2665 68TH SQUARE
#107
VERO BEACH, FL 32966 US

Current Mailing Address:

5131 E PORTOFINO LANDINGS BLVD.
#205
FORT PIERCE, FL 34947 US

New Mailing Address:

222M SPRINGMEADOW DRIVE
HOLBROOK, NY 11741 US

FEI Number: 45-1272867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, LAUREN S
5131 E PORTOFINO LANDINGS BLVD.
#205
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

THOMPSON, LAUREN S
2665 68TH SQUARE
#107
VERO BEACH, FL 32966 US

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: LAUREN S. THOMPSON

04/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: THOMPSON, LAUREN S
Address: 2665 68TH SQUARE
City-St-Zip: VERO BEACH, FL 32966 US

Title: VP
Name: JORDAN, ODESSA
Address: 110-39 176TH STREET
City-St-Zip: ST ALBANS, NY 11433 US

Title: SEC.
Name: THOMPSON, LAUREL J
Address: 143 1ST AVENUE
City-St-Zip: HUNTINGTON STATION, NY 11746 US

Title: TREA
Name: THOMPSON, LAUREN S
Address: 2665 68TH SQUARE
City-St-Zip: VERO BEACH, FL 32966 US

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: LAUREN S. THOMPSON

PRES

04/23/2012

Electronic Signature of Signing Officer or Director

Date