

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32454

1. Entity Name

AFRICAN AMERICAN CULTURAL ARTS ORGANIZATION, INC

Principal Place of Business

POST OFFICE BOX 1702
WEST PALM BEACH FL 33402-1702

Mailing Address

POST OFFICE BOX 1702
WEST PALM BEACH FL 33402-1702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0126760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARD GOLSON
610 S. MANGONIA CIRCLE
W. PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME GOLSON, ED ☐ Delete
STREET ADDRESS 610 S MANGONIA CIR.
CITY-ST-ZIP W. PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME BENNETT, BEVINS JR ☐ Delete
STREET ADDRESS 2923 AVNEUE FBLVD.
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GLAZE, LEE ☒ Delete
STREET ADDRESS 109 QUEENS LN
CITY-ST-ZIP ROYAL PALM BCH FL 33411

TITLE D
NAME ABRAHAM, JACQUELINE ☒ Change ☐ Addition
STREET ADDRESS 130 GRANADA STEET
CITY-ST-ZIP ROYAL PALM BCH FL 33411

TITLE V
NAME ARNOLD, DEBRA ☒ Delete
STREET ADDRESS 115 E. TIFFANY DR.
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE V
NAME ROBINSON, ELIZABETH ☒ Change ☐ Addition
STREET ADDRESS 620 W. 34TH STREET
CITY-ST-ZIP RIVIERA BCH, FL. 33404

TITLE D
NAME THOMAS, TERRY ☐ Delete
STREET ADDRESS 300 N WARE DR
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME ILES, ANN ☐ Change ☒ Addition
STREET ADDRESS 321 W. 30TH STREET
CITY-ST-ZIP RIVIERA, BCH, FL. 33404

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 561-832-0202

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91318 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)