2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004
Secretary of State

DOCUMENT# N32454

Entity Name: AFRICAN AMERICAN CULTURAL ARTS ORGANIZATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 1702
WEST PALM BEACH, FL 334021702

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1702
WEST PALM BEACH, FL 334021702

New Mailing Address:

FEI Number: 65-0126760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARD GOLSON
610 S. MANGONIA CIRCLE
W. PALM BEACH, FL 33401 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:	P	( ) Delete
Name:	GOLSON, ED,	
Address:	610 S MANGONIA CIR.	
City-St-Zip:	W. PALM BEACH, FL 33401	
Title:	T	( ) Delete
Name:	BENNETT, BEVINS JR,	
Address:	2923 AVNEUE FBLVD.	
City-St-Zip:	RIVIERA BEACH, FL 33404	
Title:	D	( ) Delete
Name:	ABRAHAM, JACQUELINE	
Address:	130 GRANADA STREET	
City-St-Zip:	ROYAL PALM BCH, FL 33411	
Title:	V	( ) Delete
Name:	ROBINSON, ELIZABETH	
Address:	620 W 34TH STREET	
City-St-Zip:	RIVIERA BEACH, FL 33404	
Title:	D	( ) Delete
Name:	THOMAS, TERRY	
Address:	1155 AVE G	
City-St-Zip:	RIVIERA BCH, FL 33404	
Title:	S	( ) Delete
Name:	ILES, ANN	
Address:	321 W 30TH STREET	
City-St-Zip:	RIVIERA BEACH, FL 33404	

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 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 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: EDWARD GOLSON P 08/23/2004
Electronic Signature of Signing Officer or Director — Date