

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32454

FILED
Aug 05, 2007
Secretary of State

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:

610 S. MANGONIA CIRCLE
WEST PALM BEACH, FL 3340

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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 P
Address: 620 W 34TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: STEVE, WHITE
Address: 808 W. 1ST STREET
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 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: EDWARD GOLSON

P

08/05/2007

Electronic Signature of Signing Officer or Director

Date