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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36123** (0)

1. Corporation Name

AFRICAN AMERICAN ARTS COUNCIL OF GREATER TAMPA BAY, INC.

Principal Place of Business

Mailing Address

**426 KINGSTON STREET SOUTH
ST. PETERSBURG FL 33711**

**426 KINGSTON STREET SOUTH
ST. PETERSBURG FL 33711-1638**



3. Date Incorporated or Qualified
01/17/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3134061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOBBS, CAROLYN
426 KINGSTON ST. SOUTH
ST. PETERSBURG FL 33711**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DEO** ☐ DELETE
NAME **HOBBS, CAROLYN E.**
STREET ADDRESS **426 KINGSTON ST. SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **DP** ☐ DELETE
NAME **MIDDLETON, LEONTYNE**
STREET ADDRESS **920 PALLANZA DR. S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **DV** ☒ DELETE
NAME **LEWIS, REGGIE**
STREET ADDRESS **5015 ARAGON WAY S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **DT** ☒ DELETE
NAME **BONNER, JOANNE**
STREET ADDRESS **3575 ABINGTON AVE SO**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **DS** ☒ DELETE
NAME **ROBERSON, BARBARA**
STREET ADDRESS **1900 13TH ST SO**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

1.1 TITLE **DEO/DT** ☐ Change ☒ Addition
1.2 NAME **HOBBS, CAROLYN E.**
1.3 STREET ADDRESS **426 KINGSTON ST S**
1.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33711**

2.1 TITLE **DP** ☐ Change ☒ Addition
2.2 NAME **MIDDLETON, LEONTYNE**
2.3 STREET ADDRESS **920 PALLANZA DR. S.**
2.4 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **DP** ☐ Change ☒ Addition
4.2 NAME **WALL, GRAYLING**
4.3 STREET ADDRESS **919 DUMONT DRIVE**
4.4 CITY-ST-ZIP **DUNEDIN FL 34698**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 **813-8938581**
Date Daytime Phone # 0050796

CR2E037 (9/96)