FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

*APPROVED AND FILED

'95 MAR -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40039 (2)

1. Corporation Name

AFRICAN AMERICAN HERITAGE SOCIETY, INC.

Principal Place of Business	Mailing Address
% PENSACOLA CULTURAL CENTER 400 JEFFERSON ST. RM 204 PENSACOLA FL 32501	% PENSACOLA CULTURAL CENTER 400 JEFFERSON ST. RM 204 PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1990
3a. Date of Last Report: 06/10/1994
4. FEI Number: 59-3022641 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOWARD, CHERYL J
700 SOUTH PALAFOX ST
2950 N 12TH AVE
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X Cheryl Howard 2/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	EMERSON, MARSHALL	1.2 NAME	BELOUS, RUSSELL	
STREET ADDRESS	5429 SEWELL ROAD	1.3 STREET ADDRESS	6372 ANTIETAM DRIVE	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GOODMAN, ANTOINETTE	2.2 NAME	BANKSTON, JESSE	
STREET ADDRESS	14 W JORDAN STREET	2.3 STREET ADDRESS	7601 N. 9TH AVE. APT. 155	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	3.1 TITLE	D/T	☐ Change ☒ Addition
NAME	RASHEED, BARBARA	3.2 NAME	COBY, ALVIN	
STREET ADDRESS	4411 PIEDMONT DR	3.3 STREET ADDRESS	P.O. BOX 72910 N/A	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA FL 32591	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HOWARD, CHERYL J.	4.2 NAME	GOODMAN, PERCY	
STREET ADDRESS	834 FLEMING CT	4.3 STREET ADDRESS	3484 RIVERGARDEN CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	EPPS, LORNETTA T	5.2 NAME	HODGES, ELLIS, CDR,MSC,USN(RET)	
STREET ADDRESS	4560 BOHEMIA DR	5.3 STREET ADDRESS	4475 CESSNOCK DRIVE	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	HARRIS, CHARLEY	
STREET ADDRESS		6.3 STREET ADDRESS	6580 SCENIC HIGHWAY	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PENSACOLA FL 32504	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: LORNETTA T. EPPS 2/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0021197

NONPROFIT CORPORATION ANNUAL REPORT

D
HOLLINGER, DELOIS
AMSOUTH BANK
P.O. BOX 12790 N/A
PENSACOLA FL 32575

D/P
EPPS, LORNETTA T.
4560 BOHEMIA DRIVE
PENSACOLA FL

D
HARDIN, KENDALL
1403 LEMHURST AVENUE
PENSACOLA FL 32507

D/VP
EMERSON, MARSHALL
5429 SEWELL ROAD
PENSACOLA FL

D/S
GOODMAN, ANTOINETTE
14 W. JORDAN STREET
PENSACOLA FL