FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **09/12/1990**
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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

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 617.0502 and 617.0508, 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 X *Cheryl Howard* 02/26/96
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	☒ DELETE	1.1 TITLE	D/P	☐ Change ☒ Addition
NAME	EMERSON, MARSHALL		1.2 NAME	LORNETTA T. EPPS, M.D.	
STREET ADDRESS	5429 SEWELL ROAD		1.3 STREET ADDRESS	4560 BOHEMIA DRIVE	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	☐ DELETE	2.1 TITLE	D/VP	☐ Change ☒ Addition
NAME	GOODMAN, ANTOINETTE		2.2 NAME	MARSHALL EMERSON	
STREET ADDRESS	14 W JORDAN STREET		2.3 STREET ADDRESS	6102 ALICIA DRIVE	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	☐ DELETE	3.1 TITLE	D/S	☐ Change ☒ Addition
NAME	RASHEED, BARBARA		3.2 NAME	ANTOINETTE GOODMAN	
STREET ADDRESS	4411 PIEDMONT DR		3.3 STREET ADDRESS	14 WEST JORDAN STREET	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	☐ DELETE	4.1 TITLE	D/T	☐ Change ☒ Addition
NAME	HOWARD, CHERYL J.		4.2 NAME	ALVIN COBY	
STREET ADDRESS	834 FLEMING CT		4.3 STREET ADDRESS	P.O. BOX 72910	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	PENSACOLA FL 32591	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	EPPS, LORNETTA T		5.2 NAME	JESSE BANKSTON	
STREET ADDRESS	4560 BOHEMIA DR		5.3 STREET ADDRESS	7601 N. 9TH AVENUE APT. 155	
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BELOUS, RUSSELL		6.2 NAME	DR. JAMES BOYD	
STREET ADDRESS	6372 ANTIETAM DRIVE		6.3 STREET ADDRESS	2280 NORTH 9TH AVENUE	
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP	PENSACOLA FL 32503	

CR2E037 (12/95)

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)(k), 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: X *Lornetta T. Epps* LORNETTA T. EPPS 02/26/96 904.469.1299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NONPROFIT CORPORATION ANNUAL REPORT

D
LEON DAGGS
299 TIMERLINE DRIVE
CRESTVIEW FL 32536

D
JOE MORRIS, JR.
701 NORTH DEVILLIERS STREET
PENSACOLA FL 32501

D
REP. BUZZ RITCHIE
507 EAST FAIRFIELD DRIVE
PENSACOLA FL 32503

D
MARIE YOUNG
800 WEST LEE STREET
PENSACOLA FL 32503

D
PERCY GOODMAN, M.D.
3484 RIVERGARDEN CIRCLE
PENSACOLA FL 32514

D
DR. ADDIE JUNE HALL
2612 NORTH 13TH AVENUE
PENSACOLA FL 32503

D
KENDALL HARDIN
1403 LEMHURST AVENUE
PENSACOLA FL 32507

D/C/A
CHARLEY HARRIS
6580 SCENIC HIGHWAY
PENSACOLA FL 32504

D
ELLIS HODGES, CDR,MSC,USN
4475 CESSNOCK DRIVE
PENSACOLA FL 32514

D
DELOIS HOLLINGER
BARNETT BANK
100 WEST GARDEN STREET
PENSACOLA FL 32501

D
ELMER JENKINS
1003 EAST HAYES STREET
PENSACOLA FL 32503

D/C/F
MARJORIE MOORE
3190 OAK SHADOW LANE
PENSACOLA FL 32504

D
IDA COLEMAN
4455 CESSNOCK DRIVE
PENSACOLA FL 32514