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NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32501-5902

3. Date Incorporated or Qualified
09/12/1990

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

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

81 Name

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

83

500002208125

84 City

06/11/97-01003-002
*****\$1.25**

FL 85 Zip Code

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 617.0502, Florida Statutes.

SIGNATURE

[Signature]

[Signature]

Cheryl J. Howard 01/15/97

DATE

Signature of current registered agent and title if applicable.

Signature of new registered agent (signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	EPPS, LORNETTA T. M.	
STREET ADDRESS	4560 BOHEMIA DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, ANTOINETTE	
STREET ADDRESS	14 W JORDAN STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RASHEED, BARBARA	
STREET ADDRESS	4411 PIEDMONT DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD, CHERYL J.	
STREET ADDRESS	834 FLEMING CT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EPPS, LORNETTA T	
STREET ADDRESS	4560 BOHEMIA DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BELOUS, RUSSELL	
STREET ADDRESS	6372 ANTIETAM DRIVE	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alvin Coby	
1.3 STREET ADDRESS	P.O. BOX 72910 -- N/A	
1.4 CITY-ST-ZIP	Pensacola FL 32591	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ellis Hodges, CDR, MSC, USN	
2.3 STREET ADDRESS	4475 Cessnock Drive	
2.4 CITY-ST-ZIP	Pensacola FL 32514	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dr. James Boyd	
3.3 STREET ADDRESS	2280 North 9th Avenue	
3.4 CITY-ST-ZIP	Pensacola, FL 32503	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jesse Bankston	
4.3 STREET ADDRESS	7601 North 9th Avenue, Apt. #155	
4.4 CITY-ST-ZIP	Pensacola, FL 32514	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Orastine Wills	
5.3 STREET ADDRESS	4910 Lynell Street	
5.4 CITY-ST-ZIP	Pensacola, FL 32503	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Washington Sanchez	
6.3 STREET ADDRESS	5061 High Pointe Drive	
6.4 CITY-ST-ZIP	Pensacola, FL 32505	

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, changed, or on an attachment with an address.

SIGNATURE *[Signature]* Alvin Coby

01/15/97 (004) 460 1200

000002208125

CS
6/8/97

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

D
ELMER JENKINS
1003 EAST HAYES STREET
PENSACOLA FL 32503

D
KEITH BOWERS
2305 HIGHWAY 77
PANAMA CITY, FL 32405

D
IDA COLEMAN
4455 CESSNOCK DRIVE
PENSACOLA FL 32514