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**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90097 044 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N40039**

1. Corporation Name

**AFRICAN AMERICAN HERITAGE SOCIETY, INC.**

Principal Place of Business

% PENSACOLA CULTURAL CENTER  
400 JEFFERSON ST. RM 204  
PENSACOLA FL 32501

Mailing Address

% PENSACOLA CULTURAL CENTER  
400 JEFFERSON ST. RM 204  
PENSACOLA FL 32501



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/12/1990 4. FEI Number 59-3022641 Applied For Not Applicable 5. Certificate of Status Desired KK \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

HOWARD, CHERYL J  
238 E INTENDENCIA CT  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name Lornetta T. Epps, M.D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 2950 North 12th Avenue  
84 City Pensacola FL 85 Zip Code 32503-4004

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

Lornetta T. Epps, M.D., Treasurer

4/28/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	President
NAME	COBY, ALVIN	1.2 NAME	Gael Frazer
STREET ADDRESS	P.O. BOX 72910 N/A	1.3 STREET ADDRESS	4336 Grandpointe Place
CITY-ST-ZIP	PENSACOLA FL 32591	1.4 CITY-ST-ZIP	Pensacola, Florida 32514
TITLE	DT	2.1 TITLE	Gwendolyn Hawkins, Secretary
NAME	HODGES, ELLIS CDR	2.2 NAME	522 East Government St Unit 1
STREET ADDRESS	12195 SAGE AVE	2.3 STREET ADDRESS	Pensacola, Florida 32501
CITY-ST-ZIP	PENSACOLA FL 32514	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Director
NAME	GRIEDRICH, DOUGLAS JR	3.2 NAME	Doris Munoz
STREET ADDRESS	11000 UNIVERSITY PKWY	3.3 STREET ADDRESS	352 Bunker Hill Drive
CITY-ST-ZIP	PENSACOLA FL 32501	3.4 CITY-ST-ZIP	Pensacola, Florida 32505
TITLE	D Treasurer	4.1 TITLE	Director
NAME	EPPS, LORNETTA DR	4.2 NAME	Wendy R. Bennett
STREET ADDRESS	4560 BOHEMIA DR	4.3 STREET ADDRESS	3001 High Pointe Place
CITY-ST-ZIP	PENSACOLA FL 32504	4.4 CITY-ST-ZIP	Pensacola, Florida 32505
TITLE	D	5.1 TITLE	
NAME	WILLS, ORASTINE	5.2 NAME	
STREET ADDRESS	4910 LYNELL STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	
NAME	SANCHEZ, WASHINGTON	6.2 NAME	
STREET ADDRESS	5061 HIGH POINTE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)