

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40039

FILED
Sep 05, 2007
Secretary of State

Entity Name: AFRICAN AMERICAN HERITAGE SOCIETY, INC.

Current Principal Place of Business:

200 E. CHURCH STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

200 E. CHURCH STREET
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 59-3022641 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRISTOW, JAMIE
8100 W. HIGHWAY 98
#313
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

JAMES, JAMES M
6101 COLLEGE PARKWAY
2-F
PENSACOLA, FL 32504 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES M. JAMES

09/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SCOTT, JUANITA
Address: 1230 NORTHBROOK DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: VP () Delete
Name: DAGGS, LEON JR
Address: 326 TIMBERLINE DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: ED () Delete
Name: BRISTOW, JAMIE
Address: 8100 W. HIGHWAY 98, #313
City-St-Zip: PENSACOLA, FL 32506

Title: D (X) Delete
Name: BASS, TENEEKA
Address: 5396 FLINTWOOD CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: MUNOZ, DORIS
Address: 352 BUNKER HILL DR
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: EVANS, KAYE CELESTE
Address: 11000 UNIVERSITY PKWY
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change () Addition
Name: JAMES, JAMES M
Address: 6101 COLLEGE PARKWAY
City-St-Zip: PENSACOLA, FL 32504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. JAMES

ED

09/05/2007

Electronic Signature of Signing Officer or Director

Date