

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 17, 2007
Secretary of State

DOCUMENT# N40039

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 ()****Name and Address of Current Registered Agent:**JAMES, JAMES M
6101 COLLEGE PARKWAY
2-F
PENSACOLA, FL 32504 US**Name and Address of New Registered Agent:**

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: _____

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: JAMES, JAMES M
Address: 6101 COLLEGE PARKWAY
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:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: NADEAU, TAMMIE
Address: 19 W. GARDEN ST.
City-St-Zip: PENSACOLA, FL 32502**Title:** D (X) Change () Addition
Name: JACKSON, RODNEY
Address: 400 W. GARDEN ST
City-St-Zip: PENSACOLA, FL 32501

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

12/17/2007

Electronic Signature of Signing Officer or Director

Date