2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2008
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 ( )**
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:

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:	NADEAU, TAMMIE	
Address:	19 W. GARDEN ST.	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	D	( ) Delete
Name:	JACKSON, RODNEY	
Address:	400 W. GARDEN ST	
City-St-Zip:	PENSACOLA, FL 32501	

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:	( ) 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 JAMES ED 09/15/2008
Electronic Signature of Signing Officer or Director — Date