2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40039

Apr 28, 2009 Secretary of State

Entity Name: AFRICAN AMERICAN HERITAGE SOCIETY, INC. **Current Principal Place of Business: New Principal Place of Business:** 200 E. CHURCH STREET PENSACOLA, FL 32502 **Current Mailing Address: New Mailing Address:** 200 E. CHURCH STREET PENSACOLA, FL 32502 FEI Number: 59-3022641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JUANITA, SCOTT JAMES, JAMES M 6101 COLLEGE PARKWAY 1230 NORTH BROOK DRIVE PENSACOLA, FL 32504 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: JUANITA SCOTT 04/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition SCOTT, JUANITA Name: Name: 1230 NORTHBROOK DRIVE Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: () Delete Title: () Change () Addition DAGGS, LEON JR Name: Name: Address: 326 TIMBERLINE DRIVE Address: City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: Title: () Delete Title: (X) Change () Addition JAMES, JAMES M LORNETTA, EPPS Name: Name: 6101 COLLEGE PARKWAY 5912 CREEK SIDE CIRCLE Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: PENSACOLA, FL 32504 Title: () Delete Title: () Change () Addition NADEAU, TAMMIE Name: Name: 19 W. GARDEN ST. Address: Address: City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: Title: () Delete Title: (X) Change () Addition JACKSON, RODNEY DORIS, MUNOZ Name: Name: 400 W. GARDEN ST 352 BUNKER HILL DRIVE Address: Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 32506

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: LORNETTA T EPPS D 04/28/2009