2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 30, 2005 8:00 am
Secretary of State
08-16-2005 90041 002 ****61.00
08-30-2005 90030 049 *****9.00

DOCUMENT # N46540

1. Entity Name
AFRICAN AMERICAN CULTURAL SOCIETY INC.

500640U2

Principal Place of Business	Mailing Address
4422 ROUTE 1 NORTH PALM COAST, FL 32137	P.O. BOX 350607 PAL COAST, FL 32135-0607 US

07252005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3104305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARDSON, VIVIAN 79 BRUNNING LANE PALM COAST, FL 32137	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X Vivian Richardson, President 8/9/05
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RICHARDSON, VIVIAN 79 BRUNNING LANE PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROBINSON, DOROTHY 35 BALLARD LN PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RILEY, ETHEL 172 BEACHWAY DRIVE PALM COAST, FL 32137	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joe Tooley 14 Felicia Ct Palm Coast, FL 32137	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, ERMA 103 POINT PLEASANT DR PALM COAST, FL 32164	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, WILLIAM 29 WOODFIELD DR PALM COAST, FL 32164	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	William Seavey 8 Edgar Lane Palm Coast, FL 32164	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CORBIN, EVELYN 60 FOLSON LANE PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Vivian Richardson, President 8/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #