2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46540

FILED Aug 22, 2009 Secretary of State

Entity Name: AFRICAN AMERICAN CULTURAL SOCIETY INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
	FE 1 NORTH ST, FL 32137			
Current Mailing Address:		New Maili	New Mailing Address:	
P.O. BOX 350607 PAL COAST, FL 321350607 US			P.O. BOX 350607 PALM COAST, FL 321350607 US	
	e with s. 607.193(2)(b), F.S., the corporation did not recei		e.	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
	/ICTOR H LAKEWALK DRIVE IST, FL 32137 US			
The above in the State	named entity submits this statement for the purpos of Florida.	se of changing i	ts registered office or registered agent, or both,	
SIGNATUR	E:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete EDMUND, PINTO G JR. 1 ERIC PLACE PALM COAST, FL 32137	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete ROBINSON, STEPHANIE 2 BUTTERNUT DRIVE PALM COAST, FL 32137	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () Delete KRAUSE, VICTOR 114 NORTH LAKEWALK DRIVE. PALM COAST, FL 32137	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete HENDERSON, RAY 17 FARRADAY LANE PALM COAST, FL 32137	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	C () Delete WILLIAM, SEENEY 8 EDGAR LANE PALM COAST, FL 32164	Title: Name: Address: City-St-Zip:	C (X) Change () Addition RICHARD, BARNES P.O. BOX 352686 PALM COAST, FL 321352686	
Title: Name: Address: City-St-Zip:	D () Delete PRICE, HERMAN L DR P O BOX 350100 PALM COAST, FL 32135	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: VICTOR KRAUSE T 08/22/2009