

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. McVithang
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 30 PM 3:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N46822 (5)

1. Corporation Name

**FRIENDS OF THE MUSEUM OF AFRICAN AMERICAN ART, I
NC.**

Principal Place of Business

**1308 NORTH MARION STREET
TAMPA FL 33602**

Mailing Address

**1308 NORTH MARION STREET
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1992

3a. Date of Last Report

04/12/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELL, CAROL A
1308 NORTH MARION ST.
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

BELL, CAROL

STREET ADDRESS

1308 N. MARION ST.

CITY - ST - ZIP

TAMPA FL 33602

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

P. BELL, CAROL - D
1308 N. MARION ST
TAMPA, FL 33602

☐ Change ☒ Addition

TITLE

VP

NAME

BROOKS, BRIGETTE & LAR

STREET ADDRESS

1308 N. MARION ST

CITY - ST - ZIP

TAMPA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VP. BROOKS, BRIGETTE & LARRY - D
1308 N. MARION ST.
TAMPA, FL 33602

☐ Change ☒ Addition

TITLE

2V

NAME

REDDY, MAISIE

STREET ADDRESS

1308 N. MARION ST.

CITY - ST - ZIP

TAMPA FL 33602

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

2VP Reddy Maisie - D
1308 N. MARION ST.
TAMPA, FL 33602

☐ Change ☒ Addition

TITLE

2V

NAME

MONROE, VICTORIA

STREET ADDRESS

1308 N. MARION ST.

CITY - ST - ZIP

TAMPA FL 33602

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

3V

NAME

NEUWENDAM, GLORIA

STREET ADDRESS

1308 N. MARION ST.

CITY - ST - ZIP

TAMPA FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

S

NAME

BRADY, ROWENA

STREET ADDRESS

1308 N. MARION ST.

CITY - ST - ZIP

TAMPA FL 33602

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

CAROL A. BELL
CAROL A. BELL 2/14/95 (813) 882-8114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR