

2/6/0

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

02-06-2001 90255 004 ****61.25

DOCUMENT # N48482

1. Entity Name

AFRICAN-AMERICAN CULTURAL EXPOSITION FOR THE ART

Principal Place of Business

2300 VALENCIA AVE
 FORT PIERCE FL 34946
 US

Mailing Address

P O BOX 12301
 FORT PIERCE FL 34979
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0259066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEFFERSON, ZANOBIA
 2300 VALENCIA AVE
 FORT PIERCE FL 34946

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.

SIGNATURE

Zanobia B. Jefferson
 Signature, typed or printed name of registered agent and entity, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/2001

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	POITIER, CYNTHIA L	
STREET ADDRESS	308 N 22ND ST	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	VP	☐ Delete
NAME	JEFFERSON, ZANOUBIA	
STREET ADDRESS	2300 VALENCIA AVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	☒ Delete
NAME	SAMUEL, EVELYN	
STREET ADDRESS	426 SE GASPIRILLA AVE	
CITY-ST-ZIP	PT ST. LUCIE FL	
TITLE	T	☒ Delete
NAME	ROBINSON, JUNE	
STREET ADDRESS	5906 PAPAYA	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	M	☒ Delete
NAME	COBBS, SHIRLEY A	
STREET ADDRESS	5202 PINETREE DR	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	☐ Change ☒ Addition
NAME	Shirley Cobbs	
STREET ADDRESS	5202 Pinetree Dr	
CITY-ST-ZIP	Ft Pierce, FL 34982	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	☐ Change ☒ Addition
NAME	Mary Simon Gaskin	
STREET ADDRESS	3407 Ave R	
CITY-ST-ZIP	Ft Pierce, FL 34947	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	☐ Change ☒ Addition
NAME	Jane Robinson	
STREET ADDRESS	5906 Papaya	
CITY-ST-ZIP	Fort Pierce, FL 34982	

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

Zanobia B. Jefferson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/2001 465-9318

CR2E037 (10/00)