

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N48482**

1. Entity Name

**AFRICAN-AMERICAN CULTURAL EXPOSITION FOR THE ART
S, INC.**

FILED

02 OCT 21 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2300 VALENCIA AVE
FORT PIERCE FL 34946
USP 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

Zip

Country

Zip

Country

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	POT	<input type="checkbox"/> Delete
NAME	POITIER, CYNTHIA L	
STREET ADDRESS	910 N 25TH ST	
CITY-ST-ZIP	FORT PIERCE FL 34950	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POITIER, CYNTHIA	
STREET ADDRESS	306 N. 22nd St	
CITY-ST-ZIP	Ft. Pierce, FL 34950	

TITLE	M	<input type="checkbox"/> Delete
NAME	JEFFERSON, ZANOBIA	
STREET ADDRESS	2300 VALENCIA AVE	
CITY-ST-ZIP	FT. PIERCE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	COBB, SHIRLEY	
STREET ADDRESS	5202 PINETREE DR	
CITY-ST-ZIP	FORT PIERCE FL 34982	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, JUNE	
STREET ADDRESS	3209 VIRGINIA AVE	
CITY-ST-ZIP	FORT PIERCE FL 34982	

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRMONS, Mary	
STREET ADDRESS	2207 N. 51st Street	
CITY-ST-ZIP	Ft. Pierce, FL 34946	

TITLE	T	<input type="checkbox"/> Delete
NAME	COBBS, SHIRLEY A	
STREET ADDRESS	1004 S US 1	
CITY-ST-ZIP	FORT PIERCE FL 34950	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	ROBINSON, JUNE	
STREET ADDRESS	5906 PAPAYA	
CITY-ST-ZIP	FORT PIERCE FL 34982	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cynthia Poitier - Cynthia Poitier 9/10/02 465-9318

CR2E037 (4/02)

9/10/2002