FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:12

DOCUMENT # N92000000499 (5)

1. Corporation Name
AFRICAN-AMERICAN MEN'S CLUB OF DELTONA, FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 5903 DELTONA FL 32728	P.O. BOX 5903 DELTONA FL 32728

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3116409 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EDLOW, HERMAN
1423 WATERVIEW DR.
DELTONA FL 32728

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 or 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RAMOS, RAYMOND	12 NAME	
STREET ADDRESS	1499 NORMANDY BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	REED, ISSAC	22 NAME	
STREET ADDRESS	1489 E. NORMANDY BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SEWELL, ISAAC	32 NAME	
STREET ADDRESS	868 WHITEWOOD DR.	33 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	LEWIS, FREDERICK A	42 NAME	T FRANKLIN M. FOUNTAIN
STREET ADDRESS	1360 FT. SMITH BLVD.	43 STREET ADDRESS	3041 BOND STREET
CITY-ST-ZIP	DELTONA FL 32725	44 CITY-ST-ZIP	DELTONA, FL 32738-2478
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	S THOMAS T. FAUNTLEROY
STREET ADDRESS		53 STREET ADDRESS	1387 TIVOLI DRIVE
CITY-ST-ZIP		54 CITY-ST-ZIP	DELTONA, FL 32725
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 with an indication of any change(s) or addition.

SIGNATURE: FRANKLIN M. FOUNTAIN TREASURER 4/20/95 904-789-3231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031446