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Sep 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32728-5903



3. Date Incorporated or Qualified
11/25/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDLOW, HERMAN
1423 WATERVIEW DR.
DELTONA FL 32728

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME RAMOS, RAYMOND
STREET ADDRESS 1499 NORMANDY BLVD.
CITY-ST-ZIP DELTONA FL 32725

TITLE ☒ DELETE
NAME REED, ISSAC
STREET ADDRESS 1489 E. NORMANDY BLVD
CITY-ST-ZIP DELTONA FL 32725

TITLE ☒ DELETE
NAME SEWELL, ISAAC
STREET ADDRESS 888 WHITEWOOD DR.
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ DELETE
NAME FOUNTAIN, FRANKLIN M
STREET ADDRESS 3041 BOND ST
CITY-ST-ZIP DELTONA FL

TITLE ☒ DELETE
NAME FAUNTLEROY, THOMAS T
STREET ADDRESS 1387 TIVOLI DR
CITY-ST-ZIP DELTONA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary ☐ Change ☒ Addition
1.2 NAME Charles Allen
1.3 STREET ADDRESS 2796 Huron Drive
1.4 CITY-ST-ZIP Deltona, FL 32738

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Howard Britton
2.3 STREET ADDRESS 1108 Bradford Drive
2.4 CITY-ST-ZIP Deltona, FL 32738

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Austin Swayby
3.3 STREET ADDRESS 515 Cleo Lane
3.4 CITY-ST-ZIP Deltona, FL 32725

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)