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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

FILE MAY -1 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004136 (8)**

1. Corporation Name

AFRICAN AMERICAN CULTURAL ARTS INSTITUTE, INCORP ORATED

Principal Place of Business	Mailing Address
C/O BRANNON & GILLETTE PA 3410 N MYRTLE AVE JACKSONVILLE FL 32209	C/O BRANNON & GILLETTE PA 3410 N MYRTLE AVE JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/14/1993**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3199975** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRANNON & GILLETTE PA
3410 N MYRTLE AVE
JACKSONVILLE FL 32209

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

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 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

(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when name changes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	director	☐ Change ☒ Addition
NAME	BRANNON, ANTHONY	12 NAME	JAMES, ISIAH	
STREET ADDRESS	3621 HICKORYNUT ST	13 STREET ADDRESS	9026 Camshire Drive	
CITY-ST-ZIP	JACKSONVILLE FL 32208	14 CITY-ST-ZIP	JAX, FL 32210	
TITLE	D	21 TITLE	D	☐ Change ☒ Addition
NAME	BRANNON, GRAYLING E	22 NAME	DAVIS, HAROLD	
STREET ADDRESS	3621 HICKORYNUT ST	23 STREET ADDRESS	2835 Forbes Street	
CITY-ST-ZIP	JACKSONVILLE FL 32208	24 CITY-ST-ZIP	JAX, FL 32205	
TITLE	D	31 TITLE	D	☐ Change ☒ Addition
NAME	BRANNON, LAURIE L	32 NAME	WOODS, JAYCE G.	
STREET ADDRESS	3621 HICKORYNUT ST	33 STREET ADDRESS	6431 Evelyn Drive	
CITY-ST-ZIP	JACKSONVILLE FL 32208	34 CITY-ST-ZIP	JAX, FL 32208	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
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 above, or on an attachment with an address.

SIGNATURE: Grayling E. Brannon GRAYLING E. BRANNON 4-26-95 (904) 353-1056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026321