

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004136 (8)

1. Corporation Name

AFRICAN AMERICAN CULTURAL ARTS INSTITUTE, INCORPORATED



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1037 N. Edgewood Ave		26 AACAI, Inc.		09/14/1993		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Suite 1		27 P. O. Box 9522		59-3199975		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Jacksonville, FL		28 Jacksonville, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 32254		29 32208		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANNON & GILLETTE PA
3410 N MYRTLE AVE
JACKSONVILLE FL 32209

81 Name	Grayling E. Brannon, P.A.		
82 Street Address (P.O. Box Number is Not Acceptable)	1543 Kingsley Ave, #18B		
83			
84 City	FL	85 Zip Code	32073

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 617.0508, Florida Statutes.

SIGNATURE

Grayling E. Brannon GRAYLING E. BRANNON

4-18-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANNON, ANTHONY	1.2 NAME	William Brown
STREET ADDRESS	3621 HICKORYNUT ST	1.3 STREET ADDRESS	8865 Yorkshire Court
CITY-ST-ZIP	JACKSONVILLE FL 32208	1.4 CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANNON, GRAYLING E	2.2 NAME	Ramona P. Baker
STREET ADDRESS	3621 HICKORYNUT ST	2.3 STREET ADDRESS	115 W. 4th Street
CITY-ST-ZIP	JACKSONVILLE FL 32208	2.4 CITY-ST-ZIP	Jacksonville, FL 32206
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANNON, LAURIE L	3.2 NAME	Clarence von Bostick
STREET ADDRESS	3621 HICKORYNUT ST	3.3 STREET ADDRESS	2816 Ribault Scenic Dr
CITY-ST-ZIP	JACKSONVILLE FL 32208	3.4 CITY-ST-ZIP	Jacksonville, FL 32208
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, ISIAH	4.2 NAME	Randy Fordham
STREET ADDRESS	9026 CAMSHIRE DRIVE	4.3 STREET ADDRESS	3000-70 Dunn Ave
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32218
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, HAROLD	5.2 NAME	Larry T. Walters
STREET ADDRESS	2835 FORBES STREET	5.3 STREET ADDRESS	3 Independent Drive
CITY-ST-ZIP	JAX FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, JOYCE G	6.2 NAME	
STREET ADDRESS	6431 EVELYN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	6.4 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)(k), 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.

SIGNATURE:

Anthony E. Brannon ANTHONY E. BRANNON

4-18-96

(904) 783-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)