

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000004136 (8)**

1. Corporation Name

AFRICAN AMERICAN CULTURAL ARTS INSTITUTE, INCORPORATED



| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 1097 NORTH EDGEWOOD AVENUE SUITE 1 JACKSONVILLE FL 32254 US | C/O AACAI, INC P.O. BOX 8522 JACKSONVILLE FL 32208-0522 US |

3. Date Incorporated or Qualified **09/14/1993** 3a. Date of Last Report **04/24/1996**

| | |
|--|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 1536 Jefferson St. Suite, Apt. #, etc. 22 Suite - B City & State 23 Jacksonville, FL Zip 24 32209 Country 25 US | 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 |

4. FEI Number **59-3199975** 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

GRAYLING E. BRANNON, P.A.
1543 KINGSLEY AVENUE
SUITE 188
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name **Grayling E. Brannon, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **1536 Jefferson St.**
83
84 City **Jacksonville** **FL** 85 Zip Code **32209**

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, of 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]* DATE **4-23-97**
(NOTE: Registered Agent signature required when reinstating)

| 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 type="checkbox"/> Addition |
| NAME | BRANNON, ANTHONY | 1.2 NAME | |
| STREET ADDRESS | 3621 HICKORYNUT ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRANNON, GRAYLING E | 2.2 NAME | |
| STREET ADDRESS | 3621 HICKORYNUT ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRANNON, LAURIE L | 3.2 NAME | |
| STREET ADDRESS | 3621 HICKORYNUT ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORDHAM, RANDY | 4.2 NAME | |
| STREET ADDRESS | 3000-70 DUNN AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, HAROLD | 5.2 NAME | |
| STREET ADDRESS | 2835 FORBES STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JAX FL | 5.4 CITY-ST-ZIP | |
| 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 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.

SIGNATURE: *[Signature]* DATE **4-23-97** (904) 388-9151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)