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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004136

1. Corporation Name

AFRICAN AMERICAN CULTURAL ARTS INSTITUTE, INCORPORATED

Principal Place of Business

1536 JEFFERSON ST
STE. B
JACKSONVILLE FL 32209
US

Mailing Address

C/O AACAI, INC
P.O. BOX 9622
JACKSONVILLE FL 32208
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
Suite 2B
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified

09/14/1993

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

9. Name and Address of Current Registered Agent

GRAYLING E. BRANNON, P.A.
1536 JEFFERSON ST
STE. B
ORANGE PARK FL 32209

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 Street, North
83 1st Floor
84 City
Jacksonville
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, 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

Grayling E. Brannon

4-26-99

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	D	DELETE
NAME	BRANNON, ANTHONY	
STREET ADDRESS	3621 HICKORYNUT ST	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	DELETE
NAME	BRANNON, GRAYLING E	
STREET ADDRESS	3621 HICKORYNUT ST	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	DELETE
NAME	BRANNON, LAURIE L	
STREET ADDRESS	3621 HICKORYNUT ST	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	DELETE
NAME	FORDHAM, RANDY	
STREET ADDRESS	3000-70 DUNN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	DELETE
NAME	DAVIS, HAROLD	
STREET ADDRESS	2835 FORBES STREET	
CITY-ST-ZIP	JAX FL	
TITLE	D	DELETE
NAME	WOODS, JOYCE G	
STREET ADDRESS	6431 EVELYN DRIVE	
CITY-ST-ZIP	JAX FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE:

Grayling E. Brannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 (904) 757-3812
Date Daytime Phone #

CR2E037 (1/98)