

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004136

1. Entity Name

AFRICAN AMERICAN CULTURAL ARTS INSTITUTE, INCORP

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90107 037 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1536 JEFFERSON ST SUITE 2B JACKSONVILLE FL 32209 US	C/O AACAI, INC P.O. BOX 9522 JACKSONVILLE FL 32208-0522 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-3199975	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAYLING E. BRANNON, P.A.
1536 JEFFERSON ST
FIRST FLOOR
ORANGE PARK FL 32209

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BRANNON, ANTHONY	
STREET ADDRESS	3621 HICKORYNUT ST	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANNON, GRAYLING E	
STREET ADDRESS	3621 HICKORYNUT ST	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANNON, LAURIE L	
STREET ADDRESS	3621 HICKORYNUT ST	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORDHAM, RANDY	
STREET ADDRESS	3000-70 DUNN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, HAROLD	
STREET ADDRESS	2835 FORBES STREET	
CITY-ST-ZIP	JAX FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOODS, JOYCE G	
STREET ADDRESS	6431 EVELYN DRIVE	
CITY-ST-ZIP	JAX FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conaway, Laurie	
STREET ADDRESS	P.O. Box 9522	
CITY-ST-ZIP	JAX, FL 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Harold E.	
STREET ADDRESS	2835 Forbes St.	
CITY-ST-ZIP	JAX, FL 32209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony E. Brannon Anthony E. Brannon 4/29/2000 904-768-3238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)