

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 31 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003247 (3)
 1. Corporation Name
THE AFRICAN-AMERICAN COASTAL HERITAGE FOUNDATION, INC.



Principal Place of Business 5576 GREGG STREET AMERICAN BEACH AMELIA ISLAND FL 32034	Mailing Address 5576 GREGG STREET AMERICAN BEACH AMELIA ISLAND FL 32034
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1994	3a. Date of Last Report 05/15/1996
4. FEI Number 59-3255515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
NEWSOME, CARMEN G
5576 GREGG STREET
AMERICAN BEACH
AMELIA ISLAND FL 32034

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 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 *Carmen G. Newsome* **CARMEN G. NEWSOME** **07-20-97**
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	PD	<input type="checkbox"/> DELETE
NAME	EMORY, EUGENE K	
STREET ADDRESS	478 PEACHTREE STREET, NE, SUITE 807-A	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DOVER, TIFFANY M	
STREET ADDRESS	478 PEACHTREE STREET, NE, SUITE 807-A	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	YANCEY, TERESA A	
STREET ADDRESS	478 PEACHTREE STREET, NE, SUITE 807-A	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TD GORDON, RICHARD
2.3 STREET ADDRESS	561 WESTGATE STREET
2.4 CITY-ST-ZIP	PASADENA, CA 91103
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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(5)(b), 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 *Eugene K. Emory* **EUGENE K. EMORY** **7/20/97**

CR2E037 (4/97)