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Secretary of State

• NONPROFIT
• CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N94000003758 (9)**

1. Corporation Name

AFRICAN-AMERICAN BUSINESS ASSOCIATION, INC OF WINTER HAVEN

Principal Place of Business

Mailing Address

**1831 1ST ST. N.
WINTER HAVEN FL**

**P.O. BOX 3125
WINTER HAVEN FL 33885-3125**



3. Date Incorporated or Qualified

07/29/1994

4. FEI Number

59-3189241

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, DEBRA
1831 1ST ST. N.
WINTER HAVEN FL 33881**

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

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

(NOTE: Registered Agent signature required when reinstating)

1-5-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMPSON, DEBRA	<i>president</i>
STREET ADDRESS	2061 9TH LANE N.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GAY, LASHUNDA	<i>vice president</i>
STREET ADDRESS	2507 BERRY RD.	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, SHEILA	
STREET ADDRESS	311 LETABT	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	2ND V	<input type="checkbox"/> DELETE
NAME	GAY, GREG	<i>2nd vice president</i>
STREET ADDRESS	2507 BERRY RD.	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>D. Thompson, Debra</i>
1.3 STREET ADDRESS	<i>2061 9th Lane N.E.</i>
1.4 CITY-ST-ZIP	<i>Winter Haven, FL 33881</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>D. Gay, Lashunda</i>
2.3 STREET ADDRESS	<i>2507 Berry Rd</i>
2.4 CITY-ST-ZIP	<i>Plant City FL 33567</i>
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	<i>D. Gay, Greg</i>
4.3 STREET ADDRESS	<i>2507 Berry Rd</i>
4.4 CITY-ST-ZIP	<i>Plant City, FL 33567</i>
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 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:

Debra Thompson

1/5/98 (94) 259-4472

CR2E037 (1097)