

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FLORIDA DEPARTMENT OF STATE**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**FILED**

97 NOV -6 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N94000004043**

1. Corporation Name  
**AFRICAN AMERICAN MALE-FEMALE SUMMIT, INC.**

Principal Place of Business Mailing Address  
~~633 N ORANGE AVE~~ ~~633 N ORANGE AVE~~  
~~ORLANDO FL 32801~~ ~~ORLANDO FL 32801~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/15/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3336433	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PORTER, DAVE DAVID D. (President) Director	2521 CARIBBEAN COURT	ORLANDO FL 32805
D	DUNN, RICHARD VERNIA GARMON (Vice President) Director	<del>156 SEDGEFIELD CIRCLE</del> Family Dinner Table 3104 Lawrence St.	WINTER PARK FL 32792 Orlando, FL 32805
D	WILLIAMS, BELINDA STUART W. DOYLE (Secretary) Director	<del>3621 LAKE LAYNE AVE</del> 2586 S. Conway Rd. #1120	ORLANDO FL 32808 32812
D	CLARK, WILLIE CLARENCE OTIS (Treasurer) Director	2227 LYME BAY DRIVE Darden Restaurants 6100 Lake Ellenor DRIVE	ORLANDO FL 32809
D	BEST, ANGELA Thomas Gilchrist (Male Task Force) Director	<del>2231 SILVER PINES PLACE</del> 3036 Harbour Landing Way	ORLANDO FL 32808 Casselberry, FL 32707
D	Mary Jack (Female Task Force) Director	Sand Lake Hospital 9400 Turkey Lake Road	Orlando, FL 32819

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PORTER, DAVID D. <del>633 N. ORANGE AVE</del> 2521 Caribbean Court ORLANDO FL 32801 32805		Name Street Address (P.O. Box Number) <del>1111 ALLEN BLVD</del> 344653-4 -11/12/97-01062-007 Suite, Apt. #, Etc. *****61.25 *****61.25 City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent David Porter Date 11-3-97 *AD*

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Stuart W. Doyle 11/3/97 (407) 245-0400 x131  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/97)