

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

APPROVED  
AND  
FILED

98 JUN -5 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004043 (5)

1. Corporation Name

AFRICAN AMERICAN MALE-FEMALE SUMMIT, INC.



Principal Place of Business

Mailing Address

633 N ORANGE AVE  
ORLANDO FL 32801

P.O. BOX 555511  
ORLANDO FL 32855

3. Date Incorporated or Qualified

08/15/1994

4. FEI Number

59-3336433

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 1310 W. Colonial Drive  
Suite, Apt. #, etc.

22 Suite 33

City & State

23 Orlando, FL

24 Zip 32804

Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

PORTER, DAVID D  
2521 CARIBBEAN COURT  
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name D. Norvelle Roland

82 Street Address (P.O. Box Number is Not Acceptable)

1310 West Colonial Drive

Suite 33

City Orlando

FL

85 Zip Code 32804

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-98

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	PORTER, DAVE	2521 CARIBBEAN COURT	ORLANDO FL 32805	<input checked="" type="checkbox"/>
VPD	GARMON, VERA	6109 LAWRENCE ST.	ORLANDO FL 32805	<input checked="" type="checkbox"/>
SD	DOYLE, STEWART W	2586 S. CONWAY RD., #1120	ORLANDO FL 32808	<input type="checkbox"/>
OD	OTIS, CLARENCE	6100 LAKE ELLER DRIVE	ORLANDO FL 32809	<input type="checkbox"/>
D	GILCHRIST, CLARENCE	8898 HARBOUR LANDING WAY	CASSELBERRY FL 32707	<input checked="" type="checkbox"/>
D	JACK, MARY	9400 TURKEY LAKE RD	ORLANDO FL 32819	<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
President and Director	D. Norvelle Roland	1310 West Colonial Drive Suite 33	Orlando, FL 32804	Vice President and Director	Robert Myers Jr.	P.O. Box 940933	Maitland, FL 32794
Secretary and Director	Stuart W. Doyle	2586 South Conway Rd., #1120	32812, Orlando, FL	Treasurer and Director	Clarence Otis, Darden Restaurants	6100 Lake Ellenor Drive	Orlando, FL 32809
Director	David D. Porter	2521 Caribbean Court	Orlando, FL 32805	Director	Mary Jack	Sand Lake Hospital	Orlando, FL 32819

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:

David D. Porter

4/22/98 (407) 245-0400 x 13

CR2E037 (10/97)