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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # N94000004043 (5)
1. Corporation Name
AFRICAN AMERICAN MALE-FEMALE SUMMIT, INC.



Principal Place of Business: 833 N ORANGE AVE ORLANDO FL 32801
Mailing Address: P.O. BOX 555511 ORLANDO FL 32855

3. Date Incorporated or Qualified: 08/15/1994
4. FEI Number: 59-3336433
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. No

2. Principal Place of Business: 21 1310 W. Colonial Drive, Suite 33, Orlando, FL 32804, USA
2a. Mailing Address: 26 P.O. BOX 555511, Orlando, FL 32855, USA

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 D. Norvelle Roland, 82 1310 West Colonial Drive, Suite 33, 84 Orlando, FL 85 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] DATE: 4-28-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	President and Director
NAME	PORTER, DAVE	1.2 NAME	D. Norvelle Roland
STREET ADDRESS	2521 CARIBBEAN COURT	1.3 STREET ADDRESS	1310 West Colonial Drive Suite 33
CITY-ST-ZIP	ORLANDO FL 32805	1.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	VPD	2.1 TITLE	Vice President and Director
NAME	GARMON, VERNA	2.2 NAME	Robert Myers Jr.
STREET ADDRESS	8109 LAWRENCE ST.	2.3 STREET ADDRESS	P.O. Box 940933 (NIA)
CITY-ST-ZIP	ORLANDO FL 32805	2.4 CITY-ST-ZIP	Maitland, FL 32794
TITLE	SD	3.1 TITLE	Secretary and Director
NAME	DOYLE, STEWART W	3.2 NAME	Stewart W. Doyle
STREET ADDRESS	2506 S. CONWAY RD., #1120	3.3 STREET ADDRESS	2586 South Conway Rd, #1120
CITY-ST-ZIP	ORLANDO FL 32808	3.4 CITY-ST-ZIP	32812, Orlando, FL
TITLE	OD	4.1 TITLE	Treasurer and Director
NAME	OTIS, CLARENCE	4.2 NAME	Clarence Otis, Darden Restaurants
STREET ADDRESS	6100 LAKE ELLINGER DRIVE	4.3 STREET ADDRESS	6100 Lake Ellenor Drive
CITY-ST-ZIP	ORLANDO FL 32809	4.4 CITY-ST-ZIP	Orlando, FL 32809
TITLE	D	5.1 TITLE	Director
NAME	GILCHRIST, CLARENCE	5.2 NAME	David D. Porter
STREET ADDRESS	8090 HARBOUR LANDING WAY	5.3 STREET ADDRESS	2521 Caribbean Court
CITY-ST-ZIP	CASSELBERRY FL 32707	5.4 CITY-ST-ZIP	Orlando, FL 32805
TITLE	D	6.1 TITLE	Director
NAME	JACK, MARY	6.2 NAME	Mary Jack
STREET ADDRESS	8400 TURKEY LAKE RD	6.3 STREET ADDRESS	Sand Lake Hospital
CITY-ST-ZIP	ORLANDO FL 32819	6.4 CITY-ST-ZIP	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: [Signature] DATE: 4/22/98

CR2E037 (10/97)