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Secretary of State

06-10-1999 90018 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004043

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

5 7 3 6 8 1 *
 573681 - 90018 - 38

Principal Place of Business 1310 W. COLONIAL DRIVE SUITE 33 ORLANDO FL 32804	Mailing Address P.O. BOX 555511 ORLANDO FL 32855
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/15/1994
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3336433
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ROLAND, D. NORVELLE
 1310 W. COLONIAL DRIVE
 SUITE 33
 ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name *Gregory W. Floyd*
 82 Street Address (P.O. Box Number is Not Acceptable)
1110 Audubon Way
 83
 84 City *Manthland, FL* **FL** 85 Zip Code *32751*

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROLAND, D. NORVELLE	
STREET ADDRESS	1310 WEST COLONIAL DRIVE, SUITE 33	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MYERS, ROBERT JR	
STREET ADDRESS	P.O. BOX 940933 N/A	
CITY-ST-ZIP	MAITLAND FL 32794	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOYLE, STEWART W	
STREET ADDRESS	2586 SOUTH CONWAY RD. #1120	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	OD	<input checked="" type="checkbox"/> DELETE
NAME	OTIS, CLARENCE	
STREET ADDRESS	6100 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PORTER, DAVID D	
STREET ADDRESS	2521 CARIBBEAN COURT	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACK, MARY	
STREET ADDRESS	9400 TURKEY LAKE RD	
CITY-ST-ZIP	ORLANDO FL 32819	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Gwen Chavis</i>
3.3 STREET ADDRESS	<i>SD</i>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>TD</i>
4.3 STREET ADDRESS	<i>Gregory W. Floyd</i>
4.4 CITY-ST-ZIP	<i>1110 Audubon Way</i> <i>Manthland, FL 32751</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, with all other like empowered.

SIGNATURE: *Gregory W. Floyd* 6/9/99 (407) 647-7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)