

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 10, 1999 8:00 am  
Secretary of State

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

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



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

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

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 Manthand, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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           | Gwen Chavis  |
| 3.3 STREET ADDRESS | SD   |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           | TD   |
| 4.3 STREET ADDRESS | Gregory W. Floyd   |
| 4.4 CITY-ST-ZIP    | 1110 Audubon Way<br>Manthand, FL 32751                                       |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)