

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90009 039 ****70.00

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DOCUMENT # N94000004043

1. Entity Name

AFRICAN AMERICAN MALE-FEMALE SUMMIT, INC.

LA

Principal Place of Business

Mailing Address

1310 W. COLONIAL DRIVE
 SUITE 33
 ORLANDO FL 32804

P.O. BOX 555511
 ORLANDO FL 32855

RU000066Z



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4557 Frisco Circle

P.O. Box 555511

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3336433

Applied For
 Not Applicable

Zip Country
32808 US

Zip Country
32855 US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name *David Rucker*
 Street Address (P.O. Box Number is Not Acceptable)
4557 Frisco Circle
 City *Orlando* FL Zip *32808*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *David Rucker*
 (Signature, typed or printed name of registered agent and title if applicable.)

DATE *9/5/01*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLAND, D. NORVELLE 1310 WEST COLONIAL DRIVE, SUITE 33 ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MYERS, ROBERT JR P.O. BOX 940933 N/A MAITLAND FL 32794	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOYLE, STEWART W 2586 SOUTH CONWAY RD. #1120 ORLANDO FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD OTIS, CLARENCE 6100 LAKE ELLENOR DRIVE ORLANDO FL 32809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, DAVID D 2521 CARIBBEAN COURT ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK, MARY 9400 TURKEY LAKE RD ORLANDO FL 32816	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>David Rucker</i> <i>4557 Frisco Circle</i> <i>Orlando, FL 32808</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Gwendolyn Chavis</i> <i>P.O. Box 592772</i> <i>Orlando, FL 32859-2772</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or Supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Rucker*

DATE *9/5/01* 407.858.8479

CR29037 (5/01)