

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004043

FILED
Apr 17, 2005
Secretary of State

Entity Name: AFRICAN AMERICAN MALE-FEMALE SUMMIT, INC.

Current Principal Place of Business:

4557 FRISCO CIRCLE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 555511
ORLANDO, FL 32855

New Mailing Address:

FEI Number: 59-3336433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUCKER, DAVID
4557 FRISCO CIRCLE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUCKER, DAVID
Address: 4557 FRISCO CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: VD () Delete
Name: MYERS, ROBERT JR
Address: P.O. BOX 940933 N/A
City-St-Zip: MAITLAND, FL 32794

Title: SD () Delete
Name: DOYLE, STEWART W
Address: 2586 SOUTH CONWAY RD. #1120
City-St-Zip: ORLANDO, FL 32812

Title: OD () Delete
Name: CHAVIS, GWENDOLYN
Address: P.O. BOX 592772
City-St-Zip: ORLANDO, FL 32859

Title: D () Delete
Name: PORTER, DAVID D
Address: 2521 CARIBBEAN COURT
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: JACK, MARY
Address: 9400 TURKEY LAKE RD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN CHAVIS

OD

04/17/2005

Electronic Signature of Signing Officer or Director

_____ Date