

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004043

FILED  
Aug 30, 2007  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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 720323  
City-St-Zip: ORLANDO, FL 32872

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  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
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 exemption stated in Chapter 119, 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

08/30/2007

Electronic Signature of Signing Officer or Director

Date