

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005651 (4)

1. Corporation Name

THE FLORIDA ACADEMY OF AFRICAN AMERICAN CULTURE,
INC.



Principal Place of Business

510 SPOONBILL WAY
SARASOTA FL 34236
US

Mailing Address

510 SPOONBILL WAY
SARASOTA FL 34236

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
08/24/1995

2. Principal Place of Business

2a. Mailing Address

21 510 Spoonbill Way
Suite, Apt. #, etc.

26 P.O. Box 20631
Suite, Apt. #, etc.

4. FEI Number
58-4207026

Applied For
Not Applicable

22 City & State

27 City & State

23 SARASOTA, Florida
Zip Country

28 SARASOTA, Florida
Zip Country

5. Certificate of Status Desired

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 34236

25 USA

29 34236

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODSON, RUBY G
510 SPOONBILL WAY
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE POND
NAME WOODSON, RUBY G Pres
STREET ADDRESS 510 SPOONBILL WAY
CITY-ST-ZIP SARASOTA FL ☐ DELETE

1.1 TITLE Rosalyn Ellerbee member
1.2 NAME 2049 Sunset Drive #G5
1.3 STREET ADDRESS BRADENTON, FL 34201 ☐ Change ☐ Addition

TITLE VPTD
NAME DANLEY, WILLIAM T V. Pres
STREET ADDRESS 210 MADISON ST S
CITY-ST-ZIP ST PETERSBURG FL TREAS. ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME PERKINS, MELVA J Secy
STREET ADDRESS 2009 W CENTRAL BLVD
CITY-ST-ZIP ORLANDO FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MD
NAME POTAMKIN, NATHANIEL member
STREET ADDRESS 11 ISLAND AVE 1702
CITY-ST-ZIP MIAMI FL ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME Webb, HARVEY, MD MEMBER
STREET ADDRESS 601 RUFF STREET
CITY-ST-ZIP North Port, Florida 34287 ☐ DELETE

5.1 TITLE
5.2 NAME 000001843730
5.3 STREET ADDRESS -05/30/96--01013--026
5.4 CITY-ST-ZIP ***\$1.25 ☐ Change ☐ Addition

TITLE
NAME ANN Bernard MEMBER
STREET ADDRESS 18318 Lamont Avenue
CITY-ST-ZIP Port Charlotte, Florida 33948 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Ruby G Woodson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 (941) 366-6418
Date Daytime Phone #

CR2E037 (12/95)