


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998 1999		 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 3930 PRAIRE DUNES DR. SARASOTA FL 34237 US		Mailing Address P.O. BOX 20631 SARASOTA FL 34276 US	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 1700 LANDINGS Blvd		2a. Mailing Address 25 Suite, Apt. #, etc.	
22 City & State 23 SARASOTA, FL		27 City & State 28 SARASOTA, FL	
24 Zip 34231		29 Zip 34276	

3. Date Incorporated or Qualified 11/14/1994	
4. FEI Number 58-4207026	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WOODSON, RUDY G 3930 PRAIRIE DUNE DRIVE SARASOTA FL 34237		10. Name and Address of New Registered Agent 81 Name Ruby G. Woodson 82 Street Address (P.O. Box Number is Not Acceptable) 1700 LANDINGS Blvd 83 500002752185--0 84 City SARASOTA, FL 34231	
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 Ruby G Woodson Ruby G Woodson 4/6/98 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDM	<input type="checkbox"/> DELETE	1.1 TITLE DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WOODSON, RUBY G	President	1.2 NAME DAVID EBITZ	
STREET ADDRESS 510 SPOONBILL WAY		1.3 STREET ADDRESS 5089 KESTRAL PKY	
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP SARASOTA, FLORIDA 34231	
TITLE VPTD	<input type="checkbox"/> DELETE	2.1 TITLE DR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DANLEY, WILLIAM T	TREASURER	2.2 NAME IGNA JANPIERE	
STREET ADDRESS 210 MADISON ST S		2.3 STREET ADDRESS 5892 MAYBERG AVE	
CITY-ST-ZIP ST PETERSBURG FL		2.4 CITY-ST-ZIP NORTH PORT, FLORIDA 34287	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE MS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PERKINS, MELVA J		3.2 NAME NANCY ALLEN	
STREET ADDRESS 2009 W CENTRAL BLVD		3.3 STREET ADDRESS 5700 N. TAMiami TRAIL	
CITY-ST-ZIP ORLANDO FL		3.4 CITY-ST-ZIP SARASOTA, FL 34643	
TITLE MR. MAURY Reid	<input checked="" type="checkbox"/> DELETE Addition	4.1 TITLE MRS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 7342 43rd ST E		4.2 NAME MARIAN GREENBERG	
STREET ADDRESS SARASOTA, FL 34243		4.3 STREET ADDRESS 988 BOULEVARD OF THE ARTS	
CITY-ST-ZIP SARASOTA, FL 34243		4.4 CITY-ST-ZIP SARASOTA, FLORIDA 34236	
TITLE DR.	<input type="checkbox"/> DELETE	5.1 TITLE Wallace MURRAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WALLACE MURRAY		5.2 NAME 5945 RAVENWOOD DRIVE	
STREET ADDRESS SARASOTA, FLORIDA 3423		5.3 STREET ADDRESS SARASOTA, FLORIDA 3423	
CITY-ST-ZIP SARASOTA, FLORIDA 3423		5.4 CITY-ST-ZIP SARASOTA, FLORIDA 3423	
TITLE MS. SHARON Elizabeth Ayers	<input type="checkbox"/> DELETE	6.1 TITLE MS. SHARON Elizabeth Ayers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 5730 GALLATIN LANE		6.2 NAME 5730 GALLATIN LANE	
STREET ADDRESS NORTHPORT, FLORIDA 34287		6.3 STREET ADDRESS NORTHPORT, FLORIDA 34287	
CITY-ST-ZIP NORTHPORT, FLORIDA 34287		6.4 CITY-ST-ZIP NORTHPORT, FLORIDA 34287	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/6/98
Date

Daytime Phone # 0066292

CR2E037 (10/97)