

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90375 024 ****61.25

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1. Entity Name

**THE FLORIDA ACADEMY OF AFRICAN AMERICAN
CULTURE, INC.**



Principal Place of Business

1360 13TH STREET
SARASOTA FL 34236

Mailing Address

P.O. BOX 1276
SARASOTA FL 34230
US

24062377

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-4207026

Applied For

Not Applicable

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

WOODSON, RUBY G
4468 ASCOT CIRCLE N
SARASOTA FL 34235

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ruby G Woodson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PDMD
NAME WOODSEN, RUBY G
STREET ADDRESS 4468 ASCOT CIRCLE N
CITY-ST-ZIP SARASOTA FL 34235 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VPTD
NAME DANLEY, WILLIAM T
STREET ADDRESS 210 MADISON ST S
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MD
NAME JACKSON, DOROTHY A
STREET ADDRESS 5512 COUNTRY LAKES TRAIL
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME JANNIERE, IONA
STREET ADDRESS 5892 MAYBERRY AVENUE
CITY-ST-ZIP NORTH PORT FL 34287 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ALLEN, NANCY
STREET ADDRESS 5700 BOULEVARD OF THE ARTS
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Ruby G Woodson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

(941) 340-0993

Daytime Phone #