

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

06-07-2005 90002 045 \*\*\*\*61.25

**DOCUMENT # N94000005651**

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

2. Principal Place of Business

*SAME*

Suite, Apt. #, etc.

3. Mailing Address

*SAME*

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

City & State

4. FEI Number

58-4207026

Applied For

Not Applicable

Zip

Country

*USA*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOODSON, RUBY G  
4468 ASCOT CIRCLE N  
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name

*N/A*

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 Woodson*

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

(NOTE: Registered Agent signature required when reinstating)

*5/1/05*

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | PDMD                       | <input type="checkbox"/> Delete            |
| NAME           | WOODSON, RUBY G            |  |
| STREET ADDRESS | 4468 ASCOT CIRCLE N        |  |
| CITY-ST-ZIP    | SARASOTA FL 34235          |  |
| TITLE          | VPTD                       | <input type="checkbox"/> Delete            |
| NAME           | DANLEY, WILLIAM T          |  |
| STREET ADDRESS | 210 MADISON ST S           |  |
| CITY-ST-ZIP    | ST PETERSBURG FL           |  |
| TITLE          | SD                         | <input type="checkbox"/> Delete            |
| NAME           | PERKINS, MELVA J           |  |
| STREET ADDRESS | 2009 W CENTRAL BLVD        |  |
| CITY-ST-ZIP    | ORLANDO FL                 |  |
| TITLE          | MD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | JACKSON, DOROTHY A         |  |
| STREET ADDRESS | 5512 COUNTRY LAKES TRAIL   |  |
| CITY-ST-ZIP    | SARASOTA FL                |  |
| TITLE          | SD                         | <input type="checkbox"/> Delete            |
| NAME           | JANNIERE, IONA             |  |
| STREET ADDRESS | 5892 MAYBERRY AVENUE       |  |
| CITY-ST-ZIP    | NORTH PORT FL 34287        |  |
| TITLE          | D                          | <input type="checkbox"/> Delete            |
| NAME           | ALLEN, NANCY               |  |
| STREET ADDRESS | 5700 BOULEVARD OF THE ARTS |  |
| CITY-ST-ZIP    | SARASOTA FL 34236          |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | REV.                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | EMMALOU KIRCHMEIER      |  |
| STREET ADDRESS | 3400 BEVERA ROAD #314   |  |
| CITY-ST-ZIP    | SARASOTA, FLORIDA 34233 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| 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 Woodson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/01/05 (941) 340-0993*

Date

Daytime Phone #