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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
07 SEP 20 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005651

1. Entity Name
THE FLORIDA ACADEMY OF AFRICAN AMERICAN CULTURE, INC.

Principal Place of Business	Mailing Address
1360 13TH STREET SARASOTA, FL 34236	P.O. BOX 1276 SARASOTA, FL 34230 US

08192007 Chg-NP CR2E037 (12/08)

2. Principal Place of Business - No P.O. Box #	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 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 G Woodson 6/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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~~ PD NAME STREET ADDRESS CITY-ST-ZIP	WOODSON, RUBY G 4468 ASCOT CIRCLE N SARASOTA, FL 34235	☐ Delete	TITLE D NAME Jo Rita Stevens STREET ADDRESS 845 Highland CITY-ST-ZIP SARASOTA, FL 34234	☐ Change ☒ Addition
TITLE VPTO NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DANLEY, WILLIAM T 210 MADISON ST S ST PETERSBURG, FL	☐ Delete	TITLE VT NAME Danley, William T STREET ADDRESS 210 Madison STreet S CITY-ST-ZIP St. Petersburg, FL	☒ Change ☐ Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	PERKINS, MELVA J 2009 W CENTRAL BLVD ORLANDO, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE REV SECRETARY NAME STREET ADDRESS CITY-ST-ZIP	KIRCHMIEIR, EMMALOU ~~3400 GENEVA ROAD, #514~~ 930 N. Tamiami Trail SARASOTA, FL ~~34232~~ 34236	☐ Delete	TITLE S NAME Kirchmieir, Emmalou STREET ADDRESS 930 N. Tamiami Trail CITY-ST-ZIP Sarasota, FL. 34236	☒ Change ☐ Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	JANNIERE, IONA 5892 MAYBERRY AVENUE NORTH PORT, FL 34287	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ALLEN, NANCY ~~4700 BOULEVARD OF THE ARTS~~ ~~SARASOTA, FL 34238~~ St. Pete	☐ Delete	TITLE D NAME Allen, Nancy STREET ADDRESS 2600 14th Avenue South CITY-ST-ZIP St. Petersburg, FL 33712	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 7/07/07 (941)360-0993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

As per telephone conversation with Ruby Woodson on 9/20/07

JC 9/20