

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90181 022 ****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**

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

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
After September 10, 2003, min will be \$236.25**

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** ☒ Delete
NAME **WOODSON, RUBY G**
STREET ADDRESS **1700 LANDINGS BOULEVARD**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Change ☒ Addition
NAME **Sherry Dupree**
STREET ADDRESS **1825-SW 32nd Terrace**
CITY-ST-ZIP **GAINESVILLE, Florida 32600**

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

TITLE ☐ Change ☒ Addition
NAME **HARMON Blanding**
STREET ADDRESS **3126 CRYSTAL LAKES**
CITY-ST-ZIP **SARASOTA, Florida 34235**

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

TITLE ☒ Change ☒ Addition
NAME **PDMD Woodson, Ruby G**
STREET ADDRESS **4468 Ascot Circle N**
CITY-ST-ZIP **SARASOTA, FL 34235**

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

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

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

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

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

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**

8/20/03

940360-0993

CR2E037 (4/03)