

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005652

FILED  
Feb 29, 2012  
Secretary of State

**Entity Name:** AFRICAN AMERICAN CHAMBER OF COMMERCE OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

ORLANDO FASHION SQUARE MALL  
3201 E. COLONIAL DRIVE, SUITE A-20  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2389  
ORLANDO, FL 32802 US

**New Mailing Address:**

**FEI Number:** 59-3314330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPOONEY, ROBERT M DR.  
ORLANDO FASHION SQUARE MALL  
3201 E. COLONIAL DRIVE, SUITE A-20  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BELL, LONNIE C JR.  
**Address:** 3201 E. COLONIAL DRIVE, SUITE A-20  
**City-St-Zip:** ORLANDO, FL 32803 US

**Title:** D  
**Name:** ROGERS, RONALD O  
**Address:** 1310 W. COLONIAL DRIVE, SUITE 19  
**City-St-Zip:** ORLANDO, FL 32804 US

**Title:** T  
**Name:** IKEJI, CHUCK  
**Address:** 801 N. MAGNOLIA AVE., STE. 302  
**City-St-Zip:** ORLANDO, FL 32803 US

**Title:** SD  
**Name:** PRITCHARD, SIBILLE  
**Address:** 401 S. CENTRAL AVENUE  
**City-St-Zip:** OVIEDO, FL 32765 US

**Title:** D  
**Name:** ATKINS-BRADLEY, VERNICE  
**Address:** 711 W. AMELIA STREET  
**City-St-Zip:** ORLANDO, FL 32805 US

**Title:** D  
**Name:** DELOACH, EARNEST JR.  
**Address:** 1115 E LIVINGSTON STREET  
**City-St-Zip:** ORLANDO, FL 32803 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DR. ROBERT M SPOONEY

RA

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date