

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:13

DOCUMENT # N94000006012 (8)

1. Corporation Name

INNER CITY COMMUNITY OF AFRICAN AMERICAN NATIONALITY, INC.

Principal Place of Business

Mailing Address

1444 42ND STREET
WEST PALM BEACH FL 33407

1444 42ND STREET
WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/07/1994	3a. Date of Last Report N/A
4. FBI Number 65-0389341	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 1201 7th St West Palm Suite, Apt. #, etc. 22 23 City & State West Palm Beach, FL 24 Zip 33407	2a. Mailing Address 26 1201 7th St Suite, Apt. #, etc. 27 28 City & State West Palm Beach, FL 29 Zip 33401
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9. Name and Address of Current Registered Agent

BOATWRIGHT, DELORES
1444 42ND STREET
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DeLoris Boatwright DATE: APR 30, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	NELMS, MALLIE	12 NAME	
STREET ADDRESS	901 BOOKER AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ANDOLORO, CINDY	22 NAME	
STREET ADDRESS	901 EVERNIA STREET	23 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BOATWRIGHT, DELORES	32 NAME	
STREET ADDRESS	1444 42ND STREET	33 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PAULK, MONZELL	42 NAME	
STREET ADDRESS	638 W. 6TH STREET	43 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WILKINS, BERNELL	52 NAME	
STREET ADDRESS	1154 19TH STREET	53 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WATERS, BEVERLY	62 NAME	
STREET ADDRESS	1201 7TH STREET	63 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DeLoris Boatwright DATE: 4-30-95