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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006012 (8)**

1. Corporation Name

INNER CITY COMMUNITY OF AFRICAN AMERICAN NATIONALITY, INC.

Principal Place of Business

Mailing Address

**301 BROADWAY STE 212
RIVERA BEACH FL 33404
US**

**301 BROADWAY STE 212
RIVERA BEACH FL 33404
US**



3. Date Incorporated or Qualified

12/07/1994

4. FEI Number

65-0389361

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

25
Country

28
Zip

30
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOATWRIGHT, DELORES
504 5TH LANE
PALM BEACH GARDENS FL 33418**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **NELMS, MALLIE**
STREET ADDRESS **901 BOOKER AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☒ DELETE

NAME **ANDOLORO, CINDY**
STREET ADDRESS **705 N. OLIVE #E122**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ DELETE

NAME **BOATWRIGHT, DELORES (President)**
STREET ADDRESS **504 5TH LANE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☐ DELETE

NAME **PAULK, MONZELL Vice President / Treas.**
STREET ADDRESS **636 W. 6TH STREET**
CITY-ST-ZIP **RIVERA BEACH FL 33404**

TITLE **D** ☐ DELETE

NAME **WILKINS, BERNELL**
STREET ADDRESS **1154 19TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ DELETE

NAME **LA Von Kinsey Sec.**
STREET ADDRESS **3450 W. 11th Ave**
CITY-ST-ZIP **RIVERA BEACH FL 33404**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **member** ☐ Change ☒ Addition

1.2 NAME **ERNEST PAULK**
1.3 STREET ADDRESS **3902A Quaker Ave**
1.4 CITY-ST-ZIP **West Palm Beach FL 33417**

2.1 TITLE **member Sec.** ☐ Change ☒ Addition

2.2 NAME **LA Von Kinsey**
2.3 STREET ADDRESS **3450 W. 11th Ave**
2.4 CITY-ST-ZIP **RIVERA BEACH FL 33404**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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:

Deborah Paulk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 1998
5:19-98

Daytime Phone # 0040851

CR2E037 (10/97)