

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000006082 (1)

1. Corporation Name

THE AFRICAN-AMERICAN ARTS FESTIVAL COMMITTEE, IN
C. OF OCALA, FLORIDA



Principal Place of Business

P.O. BOX 4453
OCALA FL 34478-4453

Mailing Address

P.O. BOX 4453
OCALA FL 34478-4453

3. Date Incorporated or Qualified
12/12/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-3289496

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALLACE, CEDRIC J
CRYSTAL RIVER ENERGY COMPLEX
15760 W. POWER LINE ST., NA2J
CRYSTAL RIVER FL 34428-6708

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DAVIS, BERRY III
5761 N.E. 33RD ST.
SILVER SPRINGS FL 34479

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SLYKE, PATRICIA
13475 S.E. 101 TERRACE
BELLEVUE FL 34420

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SAMUEL, LARMONICA
3450 S.E. 62ND ST.
OCALA FL 34481

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DT
WALLACE, CEDRIC J
3724 N.W. 107 TERR.
GAINESVILLE FL 32606

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, CHRISTOPHER
2413 N.W. 20 ST.
OCALA FL 34475

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
VAUGHNS, VICKYE
1521 N.W. 16TH CT.
OCALA FL 34475

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Cedric J. Wallace / Cedric J. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 (352) 563-4780
Date Date Phone #

CR2E037 (12/95)