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Mar 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006082 (1)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

P.O. BOX 4453  
OCALA FL 34478-4453

P.O. BOX 4453  
OCALA FL 34478-4453



3. Date Incorporated or Qualified **12/12/1994** 3a. Date of Last Report **03/14/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 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

10. Name and Address of New Registered Agent

**WALLACE, CEDRIC J  
CRYSTAL RIVER ENERGY COMPLEX  
15760 W. POWER LINE ST., NA2J  
CRYSTAL RIVER FL 34428-8708**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DAVIS, BERRY III	
STREET ADDRESS	5761 N.E. 33RD ST.	
CITY-ST-ZIP	SILVER SPRINGS FL 34479	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SLYKE, PATRICIA	
STREET ADDRESS	13475 S.E. 101 TERRACE	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SAMUEL, LARMONICA	
STREET ADDRESS	3450 S.E. 62ND ST.	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WALLACE, CEDRIC J	
STREET ADDRESS	3724 N.W. 107 TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, CHRISTOPHER	
STREET ADDRESS	2413 N.W. 20 ST.	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAUGHNS, VICKYE	
STREET ADDRESS	1521 N.W. 16TH CT.	
CITY-ST-ZIP	OCALA FL 34475	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DS</b>
2.3 STREET ADDRESS	<b>6312 SE 41st Court</b>
2.4 CITY-ST-ZIP	<b>Slyke, Patricia</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DV</b>
3.3 STREET ADDRESS	<b>Samuel, Larmonica</b>
3.4 CITY-ST-ZIP	<b>6312 SE 41st Court</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 *Cedric J. Wallace* + *Cedric J. Wallace* 3/3/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0065994

CR2E037 (9/96)