# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 07, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # N94000006082

1. Entity Name
THE AFRICAN-AMERICAN ARTS FESTIVAL COMMITTEE, INC. OF OCALA, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 4453<br>OCALA, FL 34478-4453 | P.O. BOX 4453<br>OCALA, FL 34478-4453 |

**DO NOT WRITE IN THIS SPACE**

05032004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3289496

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAMUEL, LARMONICA
LILLIAN BRYANT COMMUNITY CENTER
2200 NW 17TH PL
OCALA, FL 34475

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PDC |
| NAME | DEMPSEY, BRIAN |
| STREET ADDRESS | 3360 SE 2ND |
| CITY-ST-ZIP | OCALA, FL 34480 |
| TITLE | MT |
| NAME | PONDER, SIMON |
| STREET ADDRESS | PO BOX 5701 |
| CITY-ST-ZIP | OCALA, FL 34478 |
| TITLE | SD |
| NAME | WESTMAN, JANET C |
| STREET ADDRESS | PO BOX 392 6256 SE EARP RD |
| CITY-ST-ZIP | BELLEVIEW, FL 34421 |
| TITLE | D |
| NAME | SAMUEL, LARMONICA |
| STREET ADDRESS | 6312 SE 41 ST CT |
| CITY-ST-ZIP | OCALA, FL |
| TITLE | V |
| NAME | PONDER, CARLEATHER |
| STREET ADDRESS | PO BOX 5101 |
| CITY-ST-ZIP | OCALA, FL 34480 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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06/07/04-80001-017 70.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Simon Ponder Simon Ponder 6/3/04 (352)351-4732