

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006082

FILED  
Apr 23, 2007  
Secretary of State

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

**Current Principal Place of Business:**

P.O. BOX 4453  
OCALA, FL 344784453

**New Principal Place of Business:**

851 NW 24TH COURT  
SUITE 101  
OCALA, FL 34475

**Current Mailing Address:**

P.O. BOX 4453  
OCALA, FL 344784453

**New Mailing Address:**

**FEI Number:** 59-3289496      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PONDER, CARLEATHER  
1408 NW 19TH AVE  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDC ( ) Delete  
Name: PONDER, CARLEATHER F  
Address: P O BOX 5101  
City-St-Zip: OCALA, FL 34478

Title: TD ( ) Delete  
Name: PONDER, SIMON  
Address: PO BOX 5101  
City-St-Zip: OCALA, FL 34478

Title: SD ( ) Delete  
Name: WESTMAN, JANET C  
Address: PO BOX 392 6256 SE EARP RD  
City-St-Zip: BELLEVIEW, FL 34421

Title: D ( ) Delete  
Name: LONG, AUSTIN  
Address: 2310 SW 7TH STREET  
City-St-Zip: OCALA, FL 34474

Title: VD ( ) Delete  
Name: DEMPSEY, BRIAN  
Address: 3360 SE 2ND STREET  
City-St-Zip: OCALA, FL 34480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLEATHER F. PONDER

PRES

04/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date