

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006082

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

851 NW 24TH COURT
SUITE 101
OCALA, FL 34475

New Principal Place of Business:

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:

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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 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

04/15/2009

Electronic Signature of Signing Officer or Director

Date