

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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # N95000000132 (9)

1. Corporation Name

AFRICAN AMERICAN MUSEUM OF THE ARTS, INC.



Principal Place of Business

Mailing Address

325 S CLARA AVE
DELAND FL 32721-1319

P O BOX 1319
DELAND FL 32721-1319

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/10/1995	N/A
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3277908	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent

JOHNSON, IRENE D
2137 LAKEBREEZE WAY
DELTONA FL 32728-5202

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President/CEO	1.2 NAME	
STREET ADDRESS	Irene D. Johnson	1.3 STREET ADDRESS	
CITY-ST-ZIP	2137 Lakebreeze Way Deltona, FL 32738	1.4 CITY-ST-ZIP	
TITLE	DELETED	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President	2.2 NAME	
STREET ADDRESS	Leonard L. Nance, Ph.D.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Stetson Univ., Box 8397 DeLand, FL 32720	2.4 CITY-ST-ZIP	
TITLE	DELETED	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	3.2 NAME	
STREET ADDRESS	Maxwell Johnson 32738	3.3 STREET ADDRESS	300001791723
CITY-ST-ZIP	2137 Lakebreeze Way, Deltona, FL	3.4 CITY-ST-ZIP	-04/24/96--01005--022
TITLE	DELETED	4.1 TITLE	***\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer	4.2 NAME	
STREET ADDRESS	C. Gayle Lee Bouie	4.3 STREET ADDRESS	
CITY-ST-ZIP	P.O. Box 922 N/A DeLand, FL 32721-0922	4.4 CITY-ST-ZIP	
TITLE	DELETED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curator	5.2 NAME	
STREET ADDRESS	Lewis Green	5.3 STREET ADDRESS	
CITY-ST-ZIP	326 W. Euclid Ave. DeLand, FL 32720	5.4 CITY-ST-ZIP	
TITLE	DELETED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Advisory Committee Chairman	6.2 NAME	
STREET ADDRESS	Brian Owens	6.3 STREET ADDRESS	
CITY-ST-ZIP	572 Leland Drive Deltona, FL 32725	6.4 CITY-ST-ZIP	

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:

Irene D. Johnson IRENE D. JOHNSON

(904) 736-4004
(407) 574-6008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)