

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

325 S CLARA AVE  
DELAND FL 32721-1319

Mailing Address

P O BOX 1319  
DELAND FL 32721-1319



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/10/1995		3a. Date of Last Report N/A	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3277908		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, IRENE D 2137 LAKEBREEZE WAY DELTONA FL 32728-5202				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 reappointing)

DATE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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

Daytime Phone #

CR2E037 (12/95)