


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/10/1995		3a. Date of Last Report 04/23/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3277908		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		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			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, IRENE D	1.2 NAME	Smokes, Carrie B.
STREET ADDRESS	2137 LAKEBREEZE WAY	1.3 STREET ADDRESS	721 S. Stone St.
CITY-ST-ZIP	DELTONA FL 32738	1.4 CITY-ST-ZIP	DeLand, FL 32720
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, IRENE D	2.2 NAME	Fears, Mary J.
STREET ADDRESS	2137 LAKEBREEZE WAY	2.3 STREET ADDRESS	722 Mercedes Ave.
CITY-ST-ZIP	DELTONA FL 32738	2.4 CITY-ST-ZIP	Daytona Beach, FL 32014
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCE, LEONARD L	3.2 NAME	Bowler, Clare A.
STREET ADDRESS	STETSON UNIVERSITY	3.3 STREET ADDRESS	806 S. Atmore Cr.
CITY-ST-ZIP	DELAND FL 32720	3.4 CITY-ST-ZIP	Deltona, FL 32725
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUIE, C. GAYLE	4.2 NAME	Davis, Bertha
STREET ADDRESS	P.O. BOX 922 N/A	4.3 STREET ADDRESS	298 S. Delaware Ave.
CITY-ST-ZIP	DELAND FL 32721-0922	4.4 CITY-ST-ZIP	DeLand, FL 32720
TITLE	CUR <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, LEWIS	5.2 NAME	Martin, Thelma
STREET ADDRESS	326 W EUCLID AVE	5.3 STREET ADDRESS	201 W. St.
CITY-ST-ZIP	DELAND FL 32720	5.4 CITY-ST-ZIP	DeLand, FL 32720
TITLE	COMC <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, BRIAN	6.2 NAME	Johnson, Irene D.
STREET ADDRESS	572 LELAND DR	6.3 STREET ADDRESS	2137 Lakebreeze Way
CITY-ST-ZIP	DELTONA FL 32725	6.4 CITY-ST-ZIP	Deltona, FL 32738

14. I do 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 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.

CR2E037 (9/96)

904-736-4004