

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified
01/10/1995

4. FEI Number
59-3277908

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOKES, CARRIE B.	1.2 NAME	
STREET ADDRESS	721 S STONE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEARS, MARY J.	2.2 NAME	
STREET ADDRESS	722 MERCEDES AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWLER, CLARE A.	3.2 NAME	
STREET ADDRESS	806 S ATMORE CR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BERTHA	4.2 NAME	
STREET ADDRESS	P.O. BOX 922 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, THELMS	5.2 NAME	
STREET ADDRESS	201 W ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, IRENE D.	6.2 NAME	
STREET ADDRESS	2137 LAKEBREEZE WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Irene D. Johnson* **IRENE D. JOHNSON, 4-7-98 (904) 736-4400**

CP2E037 (10/97)