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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

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/10/1995

4. FEI Number

59-3277908

Applied For

Not Applicable

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME SMOKES, CARRIE B.
STREET ADDRESS 721 S STONE ST
CITY-ST-ZIP DELTONA FL

TITLE V ☐ DELETE

NAME FEARS, MARY J.
STREET ADDRESS 722 MERCEDES AVE
CITY-ST-ZIP DAYTONA BCH FL

TITLE S ☐ DELETE

NAME BOWLER, CLARE A.
STREET ADDRESS 806 S ATMORE CR
CITY-ST-ZIP DELTONA FL

TITLE T ☐ DELETE

NAME DAVIS, BERTHA
STREET ADDRESS P.O. BOX 922 N/A
CITY-ST-ZIP DELAND FL

TITLE TR ☐ DELETE

NAME MARTIN, THELMS
STREET ADDRESS 201 W ST
CITY-ST-ZIP DELAND FL

TITLE D ☐ DELETE

NAME JOHNSON, IRENE D.
STREET ADDRESS 2137 LAKEBREEZE WAY
CITY-ST-ZIP DELTONA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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) 736-4444

CR2E037 (10/97)