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0013484

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N95000000132**

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

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

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

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

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

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

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

TITLE  DELETE  
 NAME **TR**  
**MARTIN, THELMS**  
 STREET ADDRESS **201 W ST**  
 CITY-ST-ZIP **DELAND FL**

TITLE  DELETE  
 NAME **D**  
**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 **V**  
**Dumas, Robert A.**  
 2.3 STREET ADDRESS **12 Ula wood Place**  
**Palm Coast, FL 32164**  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME **S**  
**Tillman Erica T.**  
 3.3 STREET ADDRESS **PO. Box 3389 709 S. Brooks AVE.**  
**Deland, FL 32721-3389**  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME **T**  
**Davis, Bertha m**  
 4.3 STREET ADDRESS **298 S. Delaware Ave.**  
**Deland, FL 32720**  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME **TR**  
**martin, Thelma**  
 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, with all other like empowered.

SIGNATURE:

*Signature of Irene D. Johnson*

02-02-99 (904) 736-4004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)