

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000132

1. Entity Name

AFRICAN AMERICAN MUSEUM OF THE ARTS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90172 007 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3277908

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, IRENE D
2137 LAKEBREEZE WAY
DELTONA FL 32728-5202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32738

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
 STREET ADDRESS **DUMAS, ROBERT A**
 CITY-ST-ZIP **12 ULSWOOD PLACE
 PALM COAST FL 32164**

TITLE Change Addition
 NAME **V**
 STREET ADDRESS **FOSTER, Kitty**
 CITY-ST-ZIP **115 LAKE MOLLIE AVE
 DELAND, FL 32724**

TITLE Delete
 NAME **S**
 STREET ADDRESS **TILLMAN, ERICA T**
 CITY-ST-ZIP **P.O. BOX 3389, 709 S. BROOKS AVE.
 DELAND FL 32721-3389**

TITLE Change Addition
 NAME **S**
 STREET ADDRESS **CAMERON, PRIMROSE E.**
 CITY-ST-ZIP **P.O. BOX 1928
 Deltona Springs, FL 32130**

TITLE Delete
 NAME **T**
 STREET ADDRESS **DAVIS, BERTHA**
 CITY-ST-ZIP **298 S. DELAWARE AVENUE
 DELAND FL 32720**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TR**
 STREET ADDRESS **MARTIN, THELMA**
 CITY-ST-ZIP **201 W ST
 DELAND FL.**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE D. JOHNSON *Irene D. Johnson* 1-8-00 (904) 736-4004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)