

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

0022594

**DOCUMENT # N95000000132**

1. Entity Name

**AFRICAN AMERICAN MUSEUM OF THE ARTS, INC.**

03-12-2001 90466 021 \*\*\*\*61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**JOHNSON, IRENE D  
 2137 LAKEBREEZE WAY  
 DELTONA FL 32738**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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

TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMOKES, CARRIE B.</b>	
STREET ADDRESS	<b>721 S STONE ST</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DUMAS, ROBERT A</b>	
STREET ADDRESS	<b>12 ULSWOOD PLACE</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32164</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TILLMAN, ERICA T.</b>	
STREET ADDRESS	<b>P.O. BOX 3389, 709 S. BROOKS AVE.</b>	
CITY-ST-ZIP	<b>DELAND FL 32721-3389</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, BERTHA</b>	
STREET ADDRESS	<b>298 S. DELAWARE AVENUE</b>	
CITY-ST-ZIP	<b>DELAND FL 32720</b>	
TITLE	<b>TR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARTIN, THELMA</b>	
STREET ADDRESS	<b>201 W ST</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, IRENE D.</b>	
STREET ADDRESS	<b>2137 LAKEBREEZE WAY</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robinson, Jamie</b>	
STREET ADDRESS	<b>260 - A Diamond ST</b>	
CITY-ST-ZIP	<b>Deltona, FL 32725</b>	
TITLE	<b>✓</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Smokes, Carria B.</b>	
STREET ADDRESS	<b>721 S STONE ST</b>	
CITY-ST-ZIP	<b>Deland, FL 32720</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, MAXWELL</b>	
STREET ADDRESS	<b>2137 Lakebreeze Way</b>	
CITY-ST-ZIP	<b>Deltona, FL 32738</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>James, Patricia H.</b>	
STREET ADDRESS	<b>7171 Vance Rd</b>	
CITY-ST-ZIP	<b>Deltona, FL 32738</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**IRENE D. JOHNSON**

**03-07-01 (386) 736-4004**

Date

Daytime Phone #

CR2E037 (10/00)