

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

0022594

**DOCUMENT # N95000000132**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3277908**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **P** ☐ Change ☐ Addition  
 NAME **Robinson, Jamie**  
 STREET ADDRESS **260 - A Diamond ST**  
 CITY-ST-ZIP **Deltona, FL 32725**

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

TITLE **V** ☐ Change ☐ Addition  
 NAME **Smokes, Carrie B.**  
 STREET ADDRESS **721 S STONE ST**  
 CITY-ST-ZIP **Deland, FL 32720**

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

TITLE **S** ☐ Change ☐ Addition  
 NAME **JOHNSON, MAXWELL**  
 STREET ADDRESS **2137 Lakebreeze Way**  
 CITY-ST-ZIP **Deltona, FL 32738**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **TR** ☐ Change ☐ Addition  
 NAME **James, Patricia H.**  
 STREET ADDRESS **7171 Vance Rd**  
 CITY-ST-ZIP **Deltona, FL 32738**

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

*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)