

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90073 007 ****61.25

0066138

DOCUMENT # N95000000132

1. Entity 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

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	P	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, JAMIE	
STREET ADDRESS	260 A DIAMOND STREET	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMOKES, CARRIE B	
STREET ADDRESS	721 S STONE ST	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MAXWELL	
STREET ADDRESS	2137 LAKEBREEZE WAY	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, BERTHA	
STREET ADDRESS	298 S. DELAWARE AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	TR	<input type="checkbox"/> Delete
NAME	JAMES, PATRICIA H	
STREET ADDRESS	2171 VANCE ROAD	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, IRENE D.	
STREET ADDRESS	2137 LAKEBREEZE WAY	
CITY-ST-ZIP	DELTONA FL	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	maxwell Johnson	
STREET ADDRESS	2137 Lakebreeze way	
CITY-ST-ZIP	Deltona, FL 32738	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henisha J. Williams	
STREET ADDRESS	3340 George Sauls St.	
CITY-ST-ZIP	Deltona, FL 32738	
TITLE	A/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bertha Davis	
STREET ADDRESS	298 S. Delaware Ave.	
CITY-ST-ZIP	Deland, FL 32720	
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 IRENE D. JOHNSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-02 (386) 736-4004
 Date Daytime Phone #

CR2E037 (9/01)