


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90158 003 ****61.25

DOCUMENT # N95000000132

1. Entity Name
AFRICAN AMERICAN MUSEUM OF THE ARTS, INC.



Principal Place of Business
**325 S CLARA AVE
 DELAND, FL 32720**

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	
Zip	Country	Zip	Country

02252005 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAXWELL, JOHNSON			NAME			
STREET ADDRESS	2137 LAKEBREEZE WAY			STREET ADDRESS			
CITY-ST-ZIP	DELTONA, FL 32738			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMOKES, CARRIE B			NAME			
STREET ADDRESS	721 S STONE ST			STREET ADDRESS			
CITY-ST-ZIP	DELAND, FL 32720			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DABBS, LORETTA			NAME			
STREET ADDRESS	2714 LONE FEATHER DR			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32837			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, HENISHA			NAME			
STREET ADDRESS	3340 GEORGE SAULS STREET			STREET ADDRESS			
CITY-ST-ZIP	DELTONA, FL 32738			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, IRENE D			NAME			
STREET ADDRESS	2137 LAKEBREEZE WAY			STREET ADDRESS			
CITY-ST-ZIP	DELTONA, FL 32738			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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* 04/06/05 386-736-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #