


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N95000000132</b> 1. Entity Name <b>AFRICAN AMERICAN MUSEUM OF THE ARTS, INC.</b>					
Principal Place of Business <b>325 S CLARA AVE DELAND, FL 32720</b>			Mailing Address <b>P O BOX 1319 DELAND, FL 32721-1319</b>		
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 <b>59-3277908</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JOHNSON, IRENE D 2137 LAKEBREEZE WAY DELTONA, FL 32738</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
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.					
<b>SIGNATURE: IRENE D. JOHNSON</b> <i>Irene D. Johnson</i> <b>04/06/05</b> <b>386-736-4004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					