


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90041 040 \*\*\*\*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  
**325 S. Clara Ave.**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



01202006 Chg-NP CR2E037 (11/05)

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 Irene D. Johnson DATE 01/24/06

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MAXWELL, JOHNSON	
STREET ADDRESS	2137 LAKEBREEZE WAY	
CITY-ST-ZIP	DELTONA, FL 32738	
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 type="checkbox"/> Delete
NAME	DABBS, LORETTA	
STREET ADDRESS	2714 LONE FEATHER DR	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, HENISHA	
STREET ADDRESS	3340 GEORGE SAULS STREET	
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 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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 DATE 01/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #