

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000132

FILED
Mar 06, 2009
Secretary of State

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

Current Principal Place of Business:

325 S. CLARA AVE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

P O BOX 1319
DELAND, FL 32721

New Mailing Address:

FEI Number: 59-3277908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ALLEN, MARY N
2796 W. HURON DRIVE
DELTONA, FL 32738 US

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: MARY N. ALLEN

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAXWELL, JOHNSON
Address: 2137 LAKEBREEZE WAY
City-St-Zip: DELTONA, FL 32738

Title: S () Delete
Name: DABBS, LORETTA
Address: 2714 LONE FEATHER DR
City-St-Zip: ORLANDO, FL 32837

Title: T () Delete
Name: JOHNSON, MAXWELL
Address: 2137 LAKEBREEZE WAY
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: JOHNSON, IRENE D
Address: 2137 LAKEBREEZE WAY
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EDGHILL, GRACE
Address: 1148 RING ST.
City-St-Zip: DELTONA, FL 32725

Title: S (X) Change () Addition
Name: FOWLER, ALZADA
Address: 492 JACKSON ST.
City-St-Zip: LAKE HELEN, FL 32744

Title: T (X) Change () Addition
Name: WILLIAMS, MICHAEL
Address: 2889 COTTAGEVILLE ST.
City-St-Zip: DELTONA, FL 32738

Title: D (X) Change () Addition
Name: ALLEN, MARY N
Address: 2796 W. HURON DRIVE
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY N. ALLEN

D

03/06/2009

Electronic Signature of Signing Officer or Director

Date