

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000132

FILED  
Feb 10, 2010  
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:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EDGHILL, GRACE  
Address: 1148 RING ST.  
City-St-Zip: DELTONA, FL 32725

Title: S  
Name: CONLEY, CHRIS  
Address: 10260 REGENT PARK DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: T  
Name: DAWSON, WALTER D  
Address: 1698 STERLING SILVER BLVD.  
City-St-Zip: DELTONA, FL 32738

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

Title: V  
Name: VONZELLE, JOHNSON  
Address: 520 W. WISCONSIN AVE.  
City-St-Zip: DELAND, FL 32720

I hereby 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 all other like empowered.

SIGNATURE: MARY ALLEN

D

02/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date