

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000132

FILED
Jan 07, 2012
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: PENDLETON, JEFFERSON
Address: P.O. BOX 1716
City-St-Zip: DELAND, FL 32721

Title: S
Name: DICKSON, JEWEL
Address: 601 N AMELIA AVE
City-St-Zip: DELAND, FL 32724

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: MARTIN, CLARENCE
Address: 650 E. VOORHIS AVE.
City-St-Zip: DELAND, FL 32724

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

01/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date