

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90267 003 ****61.25

DOCUMENT # N95000000132

1. Entity Name

AFRICAN AMERICAN MUSEUM OF THE ARTS, INC.



Principal Place of Business

**325 S CLARA AVE
DELAND FL 32721-1319**

Mailing Address

**P O BOX 1319
DELAND FL 32721-1319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3277908**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **MAZWELL, JOHNSON**
STREET ADDRESS **2137 LAKEBREEZE WAY**
CITY-ST-ZIP **DALTON FL 32733**

TITLE ☐ Change ☐ Addition
NAME **MAXWELL**
STREET ADDRESS
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE **V** ☐ Delete
NAME **SMOKES, CARRIE B**
STREET ADDRESS **721 S STONE ST**
CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ Change ☐ Addition
NAME **~~LORETTA JABBS~~**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **HENISHA, WILLIAMS**
STREET ADDRESS **3340 GEORGE SAULS STREET**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☐ Change ☐ Addition
NAME **LORETTA JABBS**
STREET ADDRESS **2714 LONE FEATHER DR**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **T** ☒ Delete
NAME **BERTHA, DAVIS**
STREET ADDRESS **298 S. DELAWARE AVENUE**
CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ Change ☐ Addition
NAME **HENISHA WILLIAMS**
STREET ADDRESS **3340 GEORGE SAULS STREET**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE **TR** ☐ Delete
NAME **JAMES, PATRICIA H**
STREET ADDRESS **2171 VANCE ROAD**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JOHNSON, IRENE D.**
STREET ADDRESS **2137 LAKEBREEZE WAY**
CITY-ST-ZIP **DELTONA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32738**

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.

SIGNATURE: **SIGNATURE RAQUIL Johnson**

01/11/03 386-736-4004

CR2E037 (10/02)