

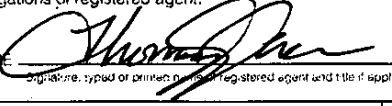



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90152 011 ****70.00

DOCUMENT # N96000004521					
1. Entity Name FORT MOSE HISTORICAL SOCIETY; AFRICAN AMERICAN COMMUNITY OF FREEDOM, INC.					
Principal Place of Business FORT MOSE HISTORIC SITE ST AUGUSTINE, FL 32085			Mailing Address PO BOX 4230 ST AUGUSTINE, FL 32085		
2. Principal Place of Business		3. Mailing Address		 04212005 Chg-NP CR2E037 (10/03) 4. FEI Number 31-1516528 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAWSON, LORENZO 3818 ARROWHEAD DRIVE ST AUGUSTINE, FL 32086				Name <u>Thomas Jackson</u> Street Address (P.O. Box Number is Not Acceptable) <u>917 Chippewa Street</u> City <u>St Augustine</u> FL Zip Code <u>32086</u>	
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:  Thomas J Jackson				DATE: <u>4/22/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input checked="" type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASON, OTIS		NAME	Emol Jones	
STREET ADDRESS	13 CHRISTOPHER STREET		STREET ADDRESS	60 Palmer Street	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095		CITY-ST-ZIP	St AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOTLEY, RUTH		NAME	David Nolan	
STREET ADDRESS	19 SOUTH WHITNEY ST		STREET ADDRESS	30 Park Terrace Drive	
CITY-ST-ZIP	ST AUGUSTINE, FL 32095		CITY-ST-ZIP	St. AUGUSTINE FL 32084	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, THOMAS		NAME		
STREET ADDRESS	917 CHIPPEWA STREET		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	DD D	<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWSON, LORENZO		NAME	Charles Ellis	
STREET ADDRESS	3818 ARROWHEAD DRIVE		STREET ADDRESS	3678 CRAZY HORSE TRL	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086		CITY-ST-ZIP	St. AUGUSTINE FL 32086	
TITLE	S	<input checked="" type="checkbox"/> Delete (dup)	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, THOMAS		NAME	Clarence Williams	
STREET ADDRESS	917 CHIPPEWA ST		STREET ADDRESS	243 marius Ct.	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086		CITY-ST-ZIP	St. AUGUSTINE FL 32086	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SASTRE, CECILE-MARIE		NAME	Elizabeth Holiday	
STREET ADDRESS	P.O. BOX 1002REET		STREET ADDRESS	11 Aviles Street	
CITY-ST-ZIP	ST AUGUSTINE, FL 320851002		CITY-ST-ZIP	St Augustine FL 32084	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(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:  Thomas J Jackson				DATE: <u>4/22/05</u> (904) 7945443	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	