
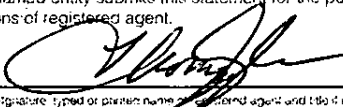
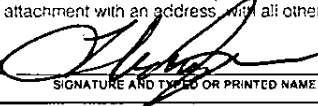


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90008 010 ****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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07112006 Chg-NP CR2E037 (4/06)	
4. FEI Number 31-1516528				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JACKSON, THOMAS 917 CHIPPOWA STREET ST AUGUSTINE, FL 32086			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State: FL Zip Code		
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  <small>Signature typed or printed name of registered agent and title if applicable</small>			DATE <u>7/11/06</u>		
Filing Fee is \$61.25 Due by September 6, 2006		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	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ERROL		NAME		
STREET ADDRESS	60 PALMER STREET		STREET ADDRESS		
CITY-STATE-ZIP	SAINT AUGUSTINE, FL 32084		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, DAVID		NAME		
STREET ADDRESS	30 PARK TERRACE DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	SAINT AUGUSTINE, FL 32084		CITY-STATE-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, THOMAS		NAME	Gregg White	
STREET ADDRESS	917 CHIPPEWA STREET		STREET ADDRESS	P.O. Box 4230	
CITY-STATE-ZIP	ST AUGUSTINE, FL 32086		CITY-STATE-ZIP	St Aug Fl. 32085	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWS, LORENZO		NAME	Derek Hankerson	
STREET ADDRESS	3818 ARROWHEAD DRIVE		STREET ADDRESS	P.O. Box 4230	
CITY-STATE-ZIP	ST AUGUSTINE, FL 32086		CITY-STATE-ZIP	St Aug Fl. 32085	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CLARENCE		NAME		
STREET ADDRESS	243 MARIUS CT		STREET ADDRESS		
CITY-STATE-ZIP	ST AUGUSTINE, FL 32086		CITY-STATE-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLIDAY, ELIZABETH		NAME	Sandra Parks	
STREET ADDRESS	11 AVILES STREET		STREET ADDRESS	P.O. Box 4230	
CITY-STATE-ZIP	SAINT AUGUSTINE, FL 32084		CITY-STATE-ZIP	St. Aug Fl. 32085	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, and all other like empowered.					
SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>7/11/06</u>		