

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2007 8:00 am**  
**Secretary of State**

09-12-2007 90002 041 \*\*\*\*61.25



**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**



08222007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**31-1516528**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**JACKSON, THOMAS  
 917 CHIPPOWA STREET  
 ST AUGUSTINE, FL 32086**

Name

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

City

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by September 14, 2007**

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	<input type="checkbox"/> Delete
NAME	JONES, ERROL	
STREET ADDRESS	60 PALMER STREET	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOLAN, DAVID	
STREET ADDRESS	30 PARK TERRACE DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WHITE, GREGG	
STREET ADDRESS	P O BOX 4230	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HANKERSON, DEREK	
STREET ADDRESS	P O BOX 4230	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32085	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, CLARENCE	
STREET ADDRESS	243 MARIUS CT	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARKS, SANDRA	
STREET ADDRESS	P O BOX 4230	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32085	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles E. ELLIS	
STREET ADDRESS	725 WILLOW WOOD PL	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN LONDON	
STREET ADDRESS	145 CRILE EL JARDIN #203	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wanda Graves	
STREET ADDRESS	1845 OLD MOULTON RD #49	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH MOTTEY	
STREET ADDRESS	18 SOUTH WHITNEY ST.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERTIE LAWS	
STREET ADDRESS	3818 ARROWHEAD DR	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADALINE HOLTZ	
STREET ADDRESS	700 W. POPE RD.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	

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, with all other like empowered.

**SIGNATURE:**

*[Handwritten Signature]*

ERROL D. JONES

09/06/07

904  
 669-0739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #