Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N96000004786 (7)

## AFRICIAN AMERICANS UNITING FOR LIFE OF CENTRAL F LORIDA, INC.

Principal Place of Business POST OFFICE 2343 ORLANDO FL 32802-2343

Principal Place of Business

Mailing Address

POST OFFICE 2343 ORLANDO FL 32802-2343

Sulte, Apt. #, etc.

## **FILED** Sep 17 1998 8:00am Secretary of State



3. Date incorporated or Qualified

09/16/1996 4. FEI Number

APPLIED FOR

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

		<del>                                    </del>		***************************************		
City & Stat 23 ///91	HAND, FC	City & State  28 MAit/And	I, FL	7. Is this nonprofit corporation	n a homeowners association?	
Zip 24 <b>3</b> 27	94 Country 25 U. S.	ZD 32794 30	Country	This corporation owes or h     Personal Property Tax due	as paid the current year Intangible	
24 001 7	9. Name and Address of Current R	<del></del>	<u> </u>	10. Name and Address of No		
81 Name						
MCGILL, DEBORAH M			<u> </u>			
5014 DOWNING STREET			82 Street Address	82 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32839			83	110010 110	arac	
UNLANDO	FE 32038					
· · · · · · · · · · · · · · · · · · ·			84 City Or	'ando	FL 85 3528/8	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title H applicable. (NOTE: Registered Agent algorature required when reinstating)  DATE						
12.	OFFICERS AND I		13,	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		Change Addition	
	MCGILL, DEBORAH M		1.2 NAME			
STREET ADDRESS	POST OFFICE BOX 271		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32802-0271		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		Change Addition	
	<b>Haw</b> kins, Walter		2.2 NAME		. —	
STREET ADDRESS	400 SOUTH ORANGE AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801		2.4 CITY-ST-ZIP			
TITLE	0	DELETE	3.1 TITLE		Change Addition	
NAME	TURNER, JANE		3.2 NAME			
STREET ADDRESS	558 EATON STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	EATONVILLE FL 32751		3.4 CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE		Change Addition	
	WOULARD, PAMELA	]	4.2 NAME		· · · · · · · ·	
STREET ADDRESS	POST OFFICE BOX 271		4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32802-0271		4.4 CITY-ST-ZIP	<del></del>		
TITLE	D	DELETE	5.1 TITLE		Change Addition	
NAME	TIMM, MARY	ĺ	5.2 NAME			
STREET ADDRESS	9972 FLYNT CIR.	j	5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP			
TITLE	D	DELETE	6.1 TITLE		Change Addition	
	CUNEGIN, FLORETTA	[	6.2 NAME			
	914 SOUTH DOLLINS AVE.	I	6.3 STREET ADDRESS			
	ORLANDO FL 32805		8.4 CITY-ST-ZIP			
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.						