FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

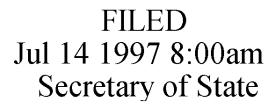
DOCUMENT #

N9600006311 (2)

AFRICAN AMERICAN UNITY CENTER OF FLORIDA, INC.

				Business			
1141	BEL	AIRE	DRIVE	WEST			

Mailing Address





PEMBROKE PINES FL 33027			PEMBROKE PINES FL 33027-2222										
										3. Date Incorporated or Qualified 12/11/1996	3a. [Date of Last	Report
2. Principal Place of Business			2	2a. Mailing Address					4. FEI Number		X	Applied For	
21		26	26								Not Applicable		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State			28	City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip		Country			Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	û Nam	25	Address of Curre	29 ni Bea		ered Agent	30	_		Florida Statutes 10. Name and Address of New F			
	<u> </u>		Hadisə or odire			ord Agoni		61	Name	10. Italio and Address of New I	ioBiotoi ot	Agoilt	
PA.	IN DALIE												
BAIN, PAULA 1141 BEL AIRE DRIVE WEST						82 Street Address (P.O. Box Number is Not Acceptable)							
	MBROKE PINES							83					
, .	MONONE (III)	,,,,	900E1										
								84	City		FI	85 Zir	o Code
offi	ice or registered a	gent,	or both, in the State	e of Flo	rida	7.1508, Florida Statut a. Such change was Section 617.0503, Fl	authorize	d by	the corp	corporation submits this statement for the oration's board of directors. I hereby acc	purpose ept the ap	of changing pointment a	its registered as registered
SIGNAT	TURF												
	Signature, type	d or pri	nted name of registered ag					d Age	nl signature	required when reinstating)	DATE		
12.			OFFICERS AN	ID DIRI	ECT		13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	- 1					☐ DELETE	1.1 Ti			Paula Bain		☐ Change	X Addition
NAME							1.2 N			1701 NW 30th Avenue			
STREET ADDRESS				1.3 STREET ADD 1.4 City-St-Zi					Miami, FL 33125			Įį.	
CITY-ST-	AIP					DELETE	1.4 C		1-2iP	D/S		Change	X Addition
NAME							2.2 N			Roger Green		onongo	22 7 13 3 1 1 1
STREET ADDRESS			2.3 STREET				ADDRESS	345 Rotter Road		1			
CITY-ST-ZIP				2. 4 CIT					West Palm Beach, FL 3	3405			
TITLE						☐ DELETE	3.1 1	11.6		D/T		Change	Addition
NAME						3.2 N	AME		Stacee Bain				
STREET AD	OORESS						3.3 S	TREET	ADDRESS	1350 NW 12th Avenue			
CITY-ST-	ZIP						3.4. 0	ITY-S	ST - ZIP	Miami, FL 33136			
TITLE						☐ DELETE	4.1 TI	TLE		•		Change	Addition
NAME							4. 2 N	IAME					1
STREET AD	ľ						4.3 S	TREET	ADDRESS				i
CITY-ST-	ZIP					Doctore		TY-S	1 - ZIP	·		[] at	1 4 1 200
TITLE						☐ DELETE	5.1 T)					Change	Addition
NAME							5.2 N						İ
STREET AD									ADDRESS				
CITY-ST-2	ZIP					DELETE	5.4 C 6.1 T	TY-S	1-7IP			☐ Change	Addition
NAME						L VELLIE	6.2 N		İ			change	L.J ADUITION
STREET AD	nacce								ADDDECO				
									ADDRESS				
CITY-ST-Z		at the	Information supplie	d with	thic	filing does not quali	6.4 Cl			ated in Section 119 07(3Vi). Florida Statut	oe I furth	or partifu the	t the

I do needly early that the information supplied with this filling obes for quality in the earlighted in Section 1.19.7(5)(f), Florida Statutes. There execute the information indicated on this annual report or suppliemental 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.

1/27/2- (2-1