

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90034 015 ****70.00

DOCUMENT # N97000004028

1. Entity Name
**AFRICAN AMERICAN SUCCESS FOUNDATION,
INCORPORATED**



Principal Place of Business
4330 W. BROWARD BLVD.
SUITE H
PLANTATION, FL 33317

Mailing Address
4330 W. BROWARD BLVD.
SUITE H
PLANTATION, FL 33317

24008586



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0767960

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEBSTER, C
4129 SW FIRST CT
PLANTATION, FL 33317**

7. Name and Address of New Registered Agent

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 May 1, 2004**

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

TITLE **CD** ☐ Delete
NAME **WEBSTER, C**
STREET ADDRESS **4129 SW 1ST CT**
CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE **D** ☒ Delete
NAME **MINNEY, I**
STREET ADDRESS **1800 NW 16TH ST**
CITY-ST-ZIP **FT LAUD, FL 33311**

TITLE **P** ☐ Delete
NAME **EWEBSTER, E C**
STREET ADDRESS **4330 W. BROWARD BLVD., SUITE H**
CITY-ST-ZIP **PLANTATION, FL-33317**

TITLE **D** ☐ Delete
NAME **LYONS, DOUGLAS**
STREET ADDRESS **1451 SW 75TH TERR**
CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP, D** ☐ Change ☒ Addition
NAME **McCullough, Cristy**
STREET ADDRESS **3800 Galt Ocean Dr**
CITY-ST-ZIP **Ft Lauderdale, FL 33308**

TITLE **T, D** ☐ Change ☒ Addition
NAME **Newton, Rosetta**
STREET ADDRESS **4250 SW 20th St**
CITY-ST-ZIP **Hollywood, FL 33023**

TITLE **D** ☐ Change ☒ Addition
NAME **Taylor, Patricia**
STREET ADDRESS **1317 NW 55th Avenue**
CITY-ST-ZIP **Lauderhill, FL 33313**

TITLE **S, D** ☒ Change ☐ Addition
NAME **Lyons, Douglas**
STREET ADDRESS **1451 SW 75th Terr**
CITY-ST-ZIP **Plantation, FL 33317**

TITLE **D** ☐ Change ☒ Addition
NAME **Thompson, Sandra**
STREET ADDRESS **15860 NW 42nd Ave**
CITY-ST-ZIP **Miami, FL 33054**

TITLE **D** ☐ Change ☒ Addition
NAME **Wooten, Elijah**
STREET ADDRESS **3055 Martello Dr**
CITY-ST-ZIP **Margate, FL 33063**

12. 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 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:

E. Carol Webster, PhD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04

Date

954.792.1117

Daytime Phone #