

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004028

FILED
Feb 05, 2009
Secretary of State

Entity Name: AFRICAN AMERICAN SUCCESS FOUNDATION, INCORPORATED

Current Principal Place of Business:

7027 WEST BROWARD BOULEVARD
SUITE 313
FORT LAUDERDALE, FL 33317 US

New Principal Place of Business:

4129 SW FIRST COURT
PLANTATION, FL 33317 US

Current Mailing Address:

7027 WEST BROWARD BOULEVARD
SUITE 313
FORT LAUDERDALE, FL 33317 US

New Mailing Address:

7027 WEST BROWARD BOULEVARD
313
FORT LAUDERDALE, FL 33317 US

FEI Number: 65-0767960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WEBSTER, C
Address: 4129 SW 1ST CT
City-St-Zip: PLANTATION, FL 33317

Title: T/D () Delete
Name: NEWTON, ROSETTA
Address: 4250 SW 20TH STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: P () Delete
Name: EWEBSTER, E C
Address: 4129 SOUTHWEST FIRST COURT
City-St-Zip: PLANTATION, FL 33317

Title: SD () Delete
Name: LYONS, DOUGLAS
Address: 6789 MANDARIN BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V/D () Delete
Name: JONES, TYSON
Address: 4870 NW 65TH AVENUE
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: GIBBONS, JOSEPH
Address: 300 THREE ISLANDS BOULEVARD
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LYONS, DOUGLAS
Address: 6789 MANDARIN BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. CAROL WEBSTER, PH.D.

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date