

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90106 020 ****70.00

DOCUMENT # N97000004028

1. Entity Name

**AFRICAN AMERICAN SUCCESS FOUNDATION, INCORPORATE
D**



Principal Place of Business

**4330 W. BROWARD BLVD.
SUITE H
PLANTATION FL 33317**

Mailing Address

**4330 W. BROWARD BLVD.
SUITE H
PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

FILE NOW: FEE IS \$61.25

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 NAME	CD WILLIAMS, ANTHONY <input checked="" type="checkbox"/> Delete
STREET ADDRESS	5455 NORTHWEST 169TH TERRACE
CITY-ST-ZIP	CORAL CITY FL 33055
TITLE NAME	TD WEBSTER, C <input type="checkbox"/> Delete
STREET ADDRESS	4129 SW 1ST CT
CITY-ST-ZIP	PLANTATION FL 33317
TITLE NAME	D MINNEY, I <input type="checkbox"/> Delete
STREET ADDRESS	1800 NW 18TH ST
CITY-ST-ZIP	FT LAUD FL 33311
TITLE NAME	P EWEBSTER, E C <input type="checkbox"/> Delete
STREET ADDRESS	4330 W. BROWARD BLVD., SUITE H
CITY-ST-ZIP	PLANTATION FL 33317
TITLE NAME	D SMITH, LONNIE DR <input checked="" type="checkbox"/> Delete
STREET ADDRESS	6100 NW 33RD WAY
CITY-ST-ZIP	FT LAUDERDALE FL 33309
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Douglas Lyons
CITY-ST-ZIP	1451 SW 75th Terrace Plantation FL 33317

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, Ph.D.

E. Carol Webster, Ph.D.

2/5/03

954.792.1117

CR2E037 (10/02)

Additional Board of Directors

Attachment

9.00.20080

N 97000004028

VP/D

Cristy McCullough

3800 Galt Ocean Drive, Apt 801
Ft. Lauderdale, FL 33308

T/D

Rosetta Newton

4250 SW 20th Street
Hollywood, FL 33023

S/D

Patricia Taylor

1317 NW 55th Avenue
Lauderhill, FL 33313

D

Elijah Wooten

3055 Martello Drive
Margate, FL 33063