2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Sep 18, 2000 8:00 am
Secretary of State

07-21-2000 90154 031 ****61.25

DOCUMENT # N99000002794

1. Entity Name

THE AFRICAN-AMERICAN NATIONAL UNITED FOUNDATION,

R

Principal Place of Business	Mailing Address
14540 JACKSON STREET MIAMI FL 33176	14540 JACKSON STREET MIAMI FL 33176-7427

DO NOT WRITE IN THIS SPACE

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 — ✓ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FAUNTROY, RAY 14540 JACKSON STREET MIAMI FL 33176	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.

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 Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE President NAME Raymond C. Fauntroy D STREET ADDRESS 14540 Jackson St. CITY-ST-ZIP Miami, FL. 33176 ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE V.P. NAME Charlie Jean Salter D STREET ADDRESS 3464 Domi Fitz Ct. CITY-ST-ZIP Orlando, FL, ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE Int V.P. NAME JJ Hanible D STREET ADDRESS 4221 Greenfern Dr. CITY-ST-ZIP Orlando, FL 32818 ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE Sec, Treas. SA NAME Sandra Dickerson D STREET ADDRESS 796 N.W. 186 Dr. CITY-ST-ZIP Miami, FL 33169 ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE member NAME Daryl Stuckey D STREET ADDRESS 11950 Autumn Wood Ln. CITY-ST-ZIP Ft. Washington, Md. 20744 ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE member NAME Mark Pecke D STREET ADDRESS 7009 Tree Hills Pkwy CITY-ST-ZIP Stone Mt., Ga 30088 ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

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: SIGNATURE REQUIRED — 6-15-00 — 305-577-3238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/99)