

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:12

DOCUMENT # N92000000499 (5)

1. Corporation Name  
**AFRICAN-AMERICAN MEN'S CLUB OF DELTONA, FLORIDA,  
INCORPORATED**

Principal Place of Business Mailing Address  
P.O. BOX 5903 P.O. BOX 5903  
DELTONA FL 32728 DELTONA FL 32728

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/25/1992</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-3116409</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IFS 501(c)(3) Tax Exempt Status	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>EDLOW, HERMAN 1423 WATERVIEW DR. DELTONA FL 32728</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, RAYMOND	12 NAME	
STREET ADDRESS	1499 NORMANDY BLVD.	13 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL 32725	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, ISSAC	22 NAME	
STREET ADDRESS	1489 E. NORMANDY BLVD	23 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL 32725	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEWELL, ISAAC	32 NAME	
STREET ADDRESS	888 WHITEWOOD DR.	33 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL 32725	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, FREDERICK A	42 NAME	FRANKLIN M. FOUNTAIN
STREET ADDRESS	1380 FT. SMITH BLVD.	43 STREET ADDRESS	3041 BOND STREET
CITY - ST - ZIP	DELTONA FL 32725	44 CITY - ST - ZIP	DELTONA, FL 32738-2478
TITLE		51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	THOMAS T. FAUNTLEURY
STREET ADDRESS		53 STREET ADDRESS	1387 TIVOLI DRIVE
CITY - ST - ZIP		54 CITY - ST - ZIP	DELTONA, FL 32725
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this report voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report or supplemental 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 of this report or in an attachment thereto.

SIGNATURE: FRANKLIN M. FOUNTAIN, TREASURER 4/20/95 904-789-3231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona 1/1/94