

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004967

Entity Name: AFRICAN-AMERICAN ASSOCIATION OF DELTONA INC.**Current Principal Place of Business:**2889 COTTAGEVILLE ST
DELTONA, FL 32738**Current Mailing Address:**2889 COTTAGEVILLE ST
DELTONA, FL 32738 US**FEI Number: 59-3643817****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WILLIAMS, GLORIA T
2889 COTTAGEVILLE ST
DELTONA, FL 32738 US*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**Officer/Director Detail :**

Title	P
Name	HANKERSON, CLARENCE
Address	1981 DOYLE ROAD
City-State-Zip:	DELTONA FL 32738

Title	S
Name	JACKSON-DIAZ, FANNY L
Address	1717 HERNANDO AVE
City-State-Zip:	DELTONA FL 32725

Title	D
Name	WEBSTER, JOYCE B
Address	684 RALIEGH COURT
City-State-Zip:	DELTONA FL 32738

Title	VP
Name	WILLIAMS, MICHAEL E
Address	2889 COTTAGEVILLE ST
City-State-Zip:	DELTONA FL 32738

Title	T
Name	WILLIAMS, GLORIA T
Address	2889 COTTAGEVILLE ST
City-State-Zip:	DELTONA FL 32738

Title	D
Name	MOORE, ART
Address	1633 DUBLIN ROAD
City-State-Zip:	DELTONA FL 32738

I hereby 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 all other like empowered.

SIGNATURE: CLARENCE HANKERSON**PRESIDENT****04/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date