

**2015 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 E HANKERSON II****OFFICER****05/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date