

**2021 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:** No**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:** GLORIA T WILLIAMS

03/16/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

|                 |                      |
|-----------------|----------------------|
| 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:** MICHAEL WILLIAMS

PRESIDENT

03/16/2021

Electronic Signature of Signing Officer/Director Detail

Date