

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000647

**Entity Name:** AFRICAN AMERICAN HERITAGE ASSOCIATION OF ST. PETERSBURG, FL, INC.

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC1285452467**

**Current Principal Place of Business:**

2240 9TH AVENUE SOUTH  
ST. PETERSBURG, FL 33712

**Current Mailing Address:**

2501 UNION STREET SOUTH  
ST. PETERSBURG, FL 33712 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REESE, GWENDOLYN D  
2501 UNION STREET SO  
ST. PETERSBURG, FL 33712 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 REESE, GWENDOLYN D  
Address 2501 UNION STREET SO  
City-State-Zip: ST. PETERSBURG FL 33712

Title VP  
Name WILSON, JON  
Address 501 RAFAEL BLVD N.E.  
City-State-Zip: ST. PETERSBURG FL 33704

Title VP  
Name RUBIN, MINSON R  
Address 4100 49TH AVENUE SO  
City-State-Zip: ST. PETERSBURG FL 33711

*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: GWENDOLYN REESE

PRESIDENT

04/30/2015

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date