

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000647

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

**FILED**  
**Mar 03, 2021**  
**Secretary of State**  
**8419134104CC**

**Current Principal Place of Business:**

2240 9TH AVENUE SOUTH  
ST. PETERSBURG, FL 33712

**Current Mailing Address:**

4222 22 AVE SO  
#530333  
ST. PETERSBURG, FL 33747 US

**FEI Number: 46-2372617**

**Certificate of Status Desired: No**

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

REESE, GWENDOLYN D  
4905 34 STREET SO  
227  
ST. PETERSBURG, FL 33711 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 4905 34 STREET SO  
227  
City-State-Zip: ST. PETERSBURG FL 33712

Title VP  
Name WILSON, JON  
Address 281 39TH AVENUE N.E.  
City-State-Zip: ST. PETERSBURG FL 33703

Title SECRETARY  
Name GRIFFITH, JENNIFER  
Address 305 S TESSIER DR  
City-State-Zip: ST. PETERSBURG BEACH FL 33706

Title TREASURER  
Name MIDDLETON, LEONTYNE  
Address 2620 PALLANZA DRIVE SO  
City-State-Zip: ST PETERSBURG FL 33705

*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**

**03/03/2021**

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

\_\_\_\_\_  
Date