

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004526

FILED
Apr 23, 2005
Secretary of State

Entity Name: BLACK FLOWER FOUNDATION, INC.

Current Principal Place of Business:

926 TRUMAN AVE.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

926 TRUMAN AVE.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 34-2007878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, ALBERT L
926 TRUMAN AVE.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KELLEY, ANGELINA C
Address: 926 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: ROSCOE, JENNIFER G
Address: 926 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: KELLEY, ALBERT L
Address: 926 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COOK, LAUREN
Address: 25085 5TH ST.
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D (X) Change () Addition
Name: DIAZ, TAMMY
Address: 1025 18TH TERRACE
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANGELINA C. KELLEY

D

04/23/2005

Electronic Signature of Signing Officer or Director

Date