FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N20854

1. Corporation Name

BLACK HERITAGE MUSEUM INC.

Principal Place of Business						
15801 SW 102 AVE.						
PO BOX 570327						

Mailing Address

15801 SW 102 AVE. PO BOX 570327

FILED Mar 22, 1999 8:00 am **Secretary of State**

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2. 21	Principal Place of Business	2a. Mailing Addi	ress		3. Date Incorporated or Qualifed 05/27/1987		
22	Suite, Apt. #, etc	Suite, Apt. #	, etc.		4. FEI Number NOT APPLICABLE	Applied For Not Applicable	
23	City & State	City & State			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
24	Zip Country	Zip 29	Cou	ntry	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
BAILEY, ABE A. 20401 N.W. 2ND AVE. SUITE 101			81 Name 82 Street A 83	ddress (P.O. Box Number is Not Acceptable)			
× #	MIAMI FL-33169	•		84 City	FL.	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13 Change ☐ Addition DELETE 1.1 IIII F TITLE 1.2 NAME KRUIZE, PRISCILLA G. S. NAME 15801 S.W. 102ND AVE. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE ROBERTS, GARY 2.2 NAME NAME 15922 NW 38 PLACE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE TITLE 3.1 TITLE ST COFIELD, EVA J 3.2 NAME NAME 14110 VAN BUREN ST 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

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