## 2004-NOT-FOR-PROFIT-CORPORATION **ANNUAL REPORT (AR)**

## Aug 02, 2004 8:00 am Secretary of State DOCUMENT # N20854 1. Entity Name 08-02-2004 90013 028 \*\*\*\*61.25 BLACK HERITAGE MUSEUM INC. Principal Place of Business Mailing Address 15801 SW 102 AVE. 15801 SW 102 AVE. PO BOX 570327 MIAMI FL 33257-7327 PO BOX 570327 MIAMI FL 33257-7327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (4/04) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAILEY, ABE A. Street Address (P.O. Box Number is Not Acceptable) 20401 N.W. 2ND AVE. SUITE 101 **MIAMI FL 33169** City Zip Code 8. 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 8, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KRUIZE, PRISCILLA G. S. NAME 15801 S.W. 102ND AVE. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-71P CITY-ST-ZIP VTT TITLE Delete TITLE ☐ Change ☐ Addition ROBERTS, GARY NAME NAME 15922 NW 38 PLACE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ST TITLE . Delete TITLE CONTINUE ☐ Change Addition POWELL, GEORGE W NAME 1616 NW 55TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33142-3138 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if ent with an address, with all other like empowered

**FILED**