FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N95000004351 (1)

1. Corporation Name

BLACK HERITAGE FESTIVAL OF NEW SMYRNA BEACH, INC

Principal Place of Business	Mailing Address
453 OAK ST. NEW SMYRNA BEACH FL 32168	453 OAK ST. NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified: 09/11/1995

3a. Date of Last Report:

2. Principal Place of Business
21:

Suite, Apt. #, etc.
22:

City & State
23:

Zip 24: Country 25:

2a. Mailing Address
26:

Suite, Apt. #, etc.
27:

City & State
28:

Zip 29: Country 30:

4. FEI Number: [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

HARRELL, MARY S
453 OAK ST.
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	[ ] DELETE
NAME	HARRELL, MARY S	
STREET ADDRESS	453 OAK ST.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	[ ] DELETE
NAME	HARRELL, JIMMY	
STREET ADDRESS	453 OAK ST.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VD	[ ] DELETE
NAME	BELL, ORETHA	
STREET ADDRESS	620 N. BUSS ST.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	SD	[ ] DELETE
NAME	BRAGGS, JOAN	
STREET ADDRESS	1153 FIELDS ST.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	TD	[ ] DELETE
NAME	HUTCHINS, LAURA	
STREET ADDRESS	813 HAMILTON ST.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	M	[X] Change [X] Addition
1.2 NAME	Harrell, Mary S.	
1.3 STREET ADDRESS	453 Oak St.	
1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
2.1 TITLE	P	[X] Change [ ] Addition
2.2 NAME	Bell, Oretha W.	
2.3 STREET ADDRESS	620 N. Buss St.	
2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	[ ] Change [X] Addition
4.2 NAME	Lowe, Pinkie	
4.3 STREET ADDRESS	305 Hickory	
4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Mary S. Harrell Mary S. Harrell April 29, 1996 904-428-6225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #