1. Entity Name							FILED Apr 10, 2000 8:00 am				
BLACK I	HERITAGE	FESTIVAL OF NEW	SMYRNA BEACH, I	NC			11	Secreta	rv n	f Sts	v am ite
Principal Plac	ce of Business		Mailing Address					04-10-2000 9			
453 OAK ST.	BEACH FL 3		453 OAK ST. NEW SMYRNA BEACH FL 32168-8129								
							1 18817181				
2. Principal F	Place of Busin	ess	3. Mailing Address								
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SI	PACE		
City & Stat	te		City & State			4. FEI Numbe	NOT APPLICA	BLE	_ 	oplied For ot Applicable	
Zip	Zip Country		Zip Country				5. Certificate	of Status Desired		8.75 Add	
	6. Name	and Address of Current R	egistered Agent				7. Name and Address of New Registered Agent				
		,			Name				,		
HARRELL,			Street Address			P.O. Box Numbe	r is Not Acceptable)				
453 OAK :	31. 'RNA BEACI	H FL 32168									
11211 01111		112 32133		City	FL Zip Code					a	
8. The above	a named entity	submits this statement for	the purpose of changing its	register	L ed office o	r register	red agent or boti	n in the state of Florio			
SIGNATURE	Signature, typed	or printedname of registered agent an	d title if applicable. (NOT	E. Registere	d Agent signat	ture required	d when reinstating)	3-3	30-200 DATE	10 <u>0</u>	
FILE NOW: FEE IS \$61.25						Make Check Payable to to Fees Department of State					
10.		OFFICERS AND DIRE	CTORS	11.		ļ	ADDITIONS/CHA	ANGES TO OFFICERS	AND DIR	ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HARRELL, 453 OAK S		☐ Delete			Exec 453 Ne	cutive So b Oak S wsmin	ec. + Direct st Marys. a Rh., FL 3	Hanell 2168	Change	☐ Addition
TITLE NAME STREET ADDRESS	D Harrell, 453 Oak S	JIMMY St.	☐ Delete		E Et address		•	·		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, ORE 620 N. BU		□ Delete	TITLE NAM STRE		PD Orel 620 New	LL. 130 II	St. BchyFL 32		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, I 511 JULIA	3	☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUTCHINS 813 HAMIL	, Laura	☐ Delete		E E Et address -st-zip	TD 1012 New	tal Mars Wilkin Smym	hall in St. in Bch.FL	32168	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOWE, PIN 305 HICKO	IKIE	☐ Delete		<u> </u>		•	,		☐ Change	Addition
indicated of the cor	I on this repor rporation or th	information supplied with the tor supplemental report is the receiver or trustee empowers, with an address, with the trustee empowers and the trustee empowers.	rue and accurate and that r rered to execute this report	my signat as requi	ure shall h	ave the s	same legal effect	as if made under oat	th; that I an	n an officer	or director

SIGNATURE: