

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90779 036 ****70.00

DOCUMENT # 737403

1. Entity Name

**THE BLACK HISTORICAL SOCIETY OF BROWARD
COUNTY, INC.**



Principal Place of Business

2060 N.W. 30TH AVENUE
FT. LAUDERDALE FL 33311
US

Mailing Address

2060 N.W. 30TH AVENUE
FT. LAUDERDALE FL 33311
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0141499

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, ZARLINE
2060 N.W. 30TH AVENUE
FT. LAUDERDALE FL 33311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I 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)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SMITH, MARY
STREET ADDRESS 2510 N.W. 17TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL ☒ Delete

TITLE D
NAME JACKSON, GLORIA
STREET ADDRESS 2661 N.W. 16TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL ☒ Delete

TITLE D
NAME WRIGHT, KATHLEEN
STREET ADDRESS 3020 N.W. 6TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL ☒ Delete

TITLE D
NAME SCOTT, ZARLINE
STREET ADDRESS 2510 N.W. 17TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL ☒ Delete

TITLE PD
NAME SCOTT, ZARLINE
STREET ADDRESS 2060 NW 30TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☒ Delete

TITLE VPD
NAME LUSTER, MARGURITE
STREET ADDRESS 632 NW 20TH CT
CITY-ST-ZIP POMPANO BEACH FL 33060 ☒ Delete

TITLE P
NAME Zarline Scott
STREET ADDRESS 2060 N.W. 30th Ave
CITY-ST-ZIP Ft. Lauderdale, FL 33311 ☐ Change ☒ Addition

TITLE V.P.
NAME Margurite K. Luster
STREET ADDRESS 632 N.W. 20th Ct
CITY-ST-ZIP Pompano Beach, FL 33060 ☐ Change ☒ Addition

TITLE T.
NAME Mary Mourning Hicks
STREET ADDRESS 3151 N.W. 5th Street
CITY-ST-ZIP Ft. Lauderdale, FL 33311 ☐ Change ☒ Addition

TITLE S.
NAME Hazel K. Armbrister
STREET ADDRESS 1808 N.W. 6th Ave
CITY-ST-ZIP Pompano Beach, FL 33060 ☐ Change ☒ Addition

TITLE D.
NAME Althernease K. Gamble
STREET ADDRESS 921 N.W. 5th Ave
CITY-ST-ZIP Pompano Beach, FL 33060 ☐ Change ☒ Addition

TITLE D
NAME Rebecca Williams
STREET ADDRESS 501 N.W. 33rd Ave
CITY-ST-ZIP Ft. Lauderdale, FL 33311 ☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Zarline Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 954-733-437
Date Daytime Phone #

Additow attachment

14018065
#737403

President Emerit

2510 N.W. 17th St

H. Landendale, H 33311