

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0141499	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCOTT, ZARLINE 2060 N.W. 30TH AVENUE FT. LAUDERDALE FL 33311				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	P SCOTT, ZARLINE 2060 N.W. 30TH AVE FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LUSTER, MARGURITE K 632 N.W. 20TH CT POMPANO BEACH FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MOURNING HIERS, MARY 3151 N.W. 5TH STREET FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ARMBRISTER, HAZEL K 1808 N.W. 6TH AVE POMPANO BEACH FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAMBLE, ALTHERNEASE K 921 N.W. 5TH AVE POMPANO BEACH FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, REBECCA 501 N.W. 33RD AVE FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition 1000000355417 05/03/05-80146-018 61.25			
SIGNATURE:		4/29 Date 1000 532751 41 Tracking # 954			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Laytime Phone #			