

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737403

FILED
Aug 19, 2007
Secretary of State

Entity Name: THE BLACK HISTORICAL SOCIETY OF BROWARD COUNTY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2730 NW 38TH TERR.
FT. LAUDERDALE, FL 33311 US

Current Mailing Address:

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

New Mailing Address:

2730 NW 38TH TERR.
FT. LAUDERDALE, FL 33311 US

FEI Number: 65-0141499 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCOTT, ZARLINE
2730 NW 38TH TERR.
FT. LAUDERDALE, FL 33311 US

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.

SIGNATURE:

08/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCOTT, ZARLINE
Address: 2060 N.W. 30TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP () Delete
Name: LUSTER, MARGURITE K
Address: 632 N.W. 20TH CT
City-St-Zip: POMPANO BEACH, FL 33060

Title: T () Delete
Name: MOURNING HIERS, MARY
Address: 3151 N.W. 5TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S () Delete
Name: ARMBRISTER, HAZEL K
Address: 1808 N.W. 6TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: GAMBLE, ALTHERNEASE K
Address: 921 N.W. 5TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: WILLIAMS, REBECCA
Address: 501 N.W. 33RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCOTT, ZARLINE
Address: 2730 NW 38TH TERR.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZARLINE SCOTT

P

08/19/2007

Electronic Signature of Signing Officer or Director

Date