

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

DOCUMENT # 740791 (9)

1. Corporation Name
THE BLACK ARCHIVES, HISTORY AND RESEARCH FOUNDATION OF SOUTH FLORIDA, INC.



Principal Place of Business: **5400 NORTHWEST 22ND AVENUE, 7TH FLOOR, CALEB CENTER, MIAMI FL 33142**
Mailing Address: **5400 NORTHWEST 22ND AVENUE, BUILDING B SUITE 101, MIAMI FL 33142, US**

3. Date Incorporated or Qualified: **11/17/1977**
3a. Date of Last Report: **04/18/1995**

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: **59-1808272**
Applied For: 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 No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIELDS, DOROTHY J.
5337 NW 29 CT.
MIAMI FL 33142**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	RUSSELL, CARMETTA C.	
STREET ADDRESS	5701 N.E. 3RD AVENUE	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	REEVES, GARTH C., SR.	
STREET ADDRESS	199 N.W. 90TH STREET	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	MAL	<input type="checkbox"/> DELETE
NAME	RANGE, M. ATHALIE	
STREET ADDRESS	5727 NW 17TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WELTERS, GWENDOLYN	
STREET ADDRESS	2900 NW 50TH STREET	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, THEODORA W.	
STREET ADDRESS	1125 N.W. 63RD STREET	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THEODORA COOPER W	
1.3 STREET ADDRESS	1251 N.E. 108th STREET., #405	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33161	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Carmetta C. Russell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *8/23/96*
DATE AND TIME PHONE #

CR2E037 (12/95)