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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

5400 NORTHWEST 22ND AVENUE
7TH FLOOR, CALEB CENTER
MIAMI FL 33142

5400 NORTHWEST 22ND AVENUE
BUILDING B SUITE 101
MIAMI FL 33142-3009
US

3. Date Incorporated or Qualified
11/17/1977

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1808272

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC DELETE
NAME RUSSELL, CARMETTA C.
STREET ADDRESS 5701 N.E. 3RD AVENUE
CITY-ST-ZIP MIAMI, FL 33137

1.1 TITLE Change Addition
1.2 NAME SD Adele S. Newson
1.3 STREET ADDRESS 225 NE 121st Terrace
1.4 CITY-ST-ZIP Miami, Florida 33161

TITLE VC DELETE
NAME REEVES, GARTH C., SR.
STREET ADDRESS 199 N.W. 90TH STREET
CITY-ST-ZIP MIAMI, FL 33150

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE MAL DELETE
NAME RANGE, M. ATHALIE
STREET ADDRESS 5727 NW 17TH AVE.
CITY-ST-ZIP MIAMI, FL 33142

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME WELTERS, GWENDOLYN
STREET ADDRESS 2900 NW 50TH STREET
CITY-ST-ZIP MIAMI, FL 33142

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DT DELETE
NAME COOPER, W. THEODORA
STREET ADDRESS 1251 NE 198TH STREET #405
CITY-ST-ZIP MIAMI FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

2-7-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debiting Phone #, optional

CFR2E037 (9/96)