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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

740791

(9)

THE BLACK ARCHIVES, HISTORY AND RESEARCH FOUNDAT ION OF SOUTH FLORIDA, INC.

2. Prencipal Place of Business 2a. Making Address 2a. Making Address	Principal Place	e of Business .	Mailing Address				NATE MEMER MINITE MINET MINITE	i didii didii iddi
US 3. Date incorporated or Qualified 11/17/19/19/39 QA/8/19/86 Qa	7TH FLOOR, G	ALEB CENTER	BUILDING B SUITE 101	/ENUE				
Suche, Apt. #, etc.	MIMMI FE 331%	2						
Suite, Apt. #, etc. Suite, Apt. #, etc.	<u> </u>	lace of Business	2a. Mailing Address					Applied For
City & State City & State						59-1808272		Not Applicable
27 Country Zip Country Zip Country Zip Country S. This corporation has liability for intengible tax under s. 199 Florids States with the propriet on the state of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name	–	#, etc	 			5. Certificate of Status Desired		
2 2 2 2 3 3 5 5 2 3 5 5 5 5 5 5 5 5 5	-	e						
FIELDS, DOROTHY J. 5337 NW 29 CT. MIAMI FL 33142 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above named corporation submits bits statement for the purpose of changing its region 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 objection of submits bits statement for the purpose of changing its region of the minimization of the purpose of changing its region of the minimization of the purpose of changing its region of the corporation's board of directors. I hereby accept the appointment as regist agent. I am minimization of the purpose of changing its region of the corporation's board of directors. I hereby accept the appointment as regist agent. I am minimize mit, and accept the objections of, Sciencia PS (Satura Statutes). The corporation's board of directors. I hereby accept the appointment as regist agent. I am minimize mit, and accept the objection of registered agent agent and the purpose of changing its region of the corporation's board of directors. I hereby accept the appointment as regist agent. I am minimize mit, and the purpose of changing its region of the corporation's board of directors. I hereby accept the appointment as regist agent. I am minimize mit, and the purpose of changing its region of the corporation's board of directors. I hereby accept the appointment as regist agent. I am minimize mit, and the purpose of changing its region of the corporation's board of directors. I hereby accept the appointment as regist agent. I am minimize mit, and the purpose of changing its region of the corporation source devices the appointment as regist agent. I am minimize mit and the purpose of changing its region of the corporation source devices the appointment as regist agent. I am minimize mit and the purpose of changing its region of care in the	Zip	 			,,,,,	· · · · · · · · · · · · · · · · · · ·	intangible tax under	
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S337 NW 29 CT. MIAMI FL 33142 63	FIELDS,	DOROTHY J.		R2	Street	Address (P.O. Box Number is Not Acceptate)le)	
## City ## City ## Change ## City ## City ## Change ## City ## Cit					Stroot,	Addition (1.0. Dox Hairiber is 1401 Addeption	107	
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing lite rogindred 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 regist agent. Lam tamiliar with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Sign	MIAMI F	L 33142		63			.5	
11. Presuant to the provisions of Sections 617 0502 and 617 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its rog adject. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE				64	City		85 Zi	p Code
office or registered agent, or both, in the State of Florida, Such change was surhorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 617,0503, Picrida Statutes. SIGNATURE Signature lipses or printed name of registered agent and like if applicable DC	11 Pureuant	to the provisions of Sections 617 050	2 and 617 1509 Storida Ctatuta	a the about		correction automite this statement for the		. h
SIGNATURE Suprature Injure or perilled name of registered agent and life if applicable (NOTE Registered Agent signature required when initiation) DATE	office or re	egistered agent, or both, in the State	of Florida. Such change was au	uthorized by	/ the corp	corporation submits this statement for the poration's board of directors. I hereby accep	urpose of changing of the appointment a	its registered as registered
Signature injuried or printed have of registered agent and life if acpicable (NOTE Registered Agent signature register when interiating) DATE 12. OFFICERS AND DIRECTORS DELETE 1.1 THE RUSSELL, CARMETTA C. STOR N.E. 3RD AVENUE 1.3 STREET ADDRESS 5701 N.E. 3RD AVENUE 1.4 CITY-ST-2P MIAMI, FL 33157 DELETE 2.1 THILE AMME RANGE, M. ATHALIE STREET ADDRESS 5727 NW 17TH AVE. 33 STREET ADDRESS 5727 NW 17TH AVE. 34 CITY-ST-2P MIAMI, FL 33142 44 CITY-ST-2P MIAMI, FL 33142 44 CITY-ST-2P MIAMI, FL 33142 50 DELETE 51 THILE 50 Change 52 MAME 52 MAME 52 MAME 52 MAME 53 STREET ADDRESS 5727 NW 17TH STREET 5727 NW 17TH AVE. 573 STREET ADDRESS 5727 NW 17TH AVE. 573 STREET ADDRESS 5727 NW 17TH AVE. 574 STREET ADDRESS 574 STREET ADDRESS 575 STREET ADDRES	agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Flor	rida Statute:	S.			_
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14. To desire y colors and anomalian supplied with this initing does not quality for the examplion stated in Section 113,07(3)(1), Florida Statutes. I further certify that the		by cartify that the information evention	d with this filing done not availa			teted in Section 119 07/2V// Florido Statuta	e I further continue	at 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 or 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.	informatio Lam an o	on indicated on this annual report or s flicer or director of the corporation or	supplemental annual report is tru the receiver or trustee empowe	ue and acco	rate and	that my signature shall have the same legs	il effect as if made i	inder oath: tha

SIGNATURE:

Carmetta a lusacel 10

2-7-97

FILED

Mar 10 1997 8:00am

Secretary of State