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FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740791
1. Corporation Name
THE BLACK ARCHIVES, HISTORY AND RESEARCH FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business: 5400 Northwest 22nd Ave Bldg C, Suite 101 Miami, FL 33142
Mailing Address: 5400 Northwest 22nd Avenue Joseph Caleb Community CIR Miami, FL 33142

3. Date Incorporated or Qualified: 11/17/1977
4. FEI Number: 58-1808272
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

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

9. Name and Address of Current Registered Agent
Fields, Dorothy J.
5337 NW 29 Ct
Miami, FL 33142

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	Russell, Carmetta C.	
STREET ADDRESS	5701 NE 3rd Avenue	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	Reeves, Garth C., Sr.	
STREET ADDRESS	199 NW 90th Street	
CITY-ST-ZIP	Miami, FL 33150	
TITLE	MAL	<input type="checkbox"/> DELETE
NAME	Range M, Athalie	
STREET ADDRESS	5727 NW 17th Avenue	
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 type="checkbox"/> DELETE
NAME	Cooper, Theodora W.	
STREET ADDRESS	1251 NE 108th Street #603	
CITY-ST-ZIP	Miami, FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 NAME	
3.2 STREET ADDRESS	
3.3 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I 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 Back 12 or Back 13 if changed, or on an attachment with an address.

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

Date: _____ Daytime Phone: _____

CR2E037 (10/97)