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NONPROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
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 AVENUE
BLDG. C SUITE 101
MIAMI FL 33142

Mailing Address

5400 NORTHWEST 22ND AVENUE
JOSEPH CALEB COMMUNITY CTR.
MIAMI FL 33142
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/17/1977

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

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

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 DELETE

NAME RUSSELL, CARMETTA C.

STREET ADDRESS 5701 N.E. 3RD AVENUE

CITY-ST-ZIP MIAMI, FL 33137

TITLE VC DELETE

NAME REEVES, GARTH C., SR.

STREET ADDRESS 199 N.W. 90TH STREET

CITY-ST-ZIP MIAMI, FL 33150

TITLE MAL DELETE

NAME RANGE, M. ATHALIE

STREET ADDRESS 5727 NW 17TH AVE.

CITY-ST-ZIP MIAMI, FL 33142

TITLE SD DELETE

NAME WELTERS, GWENDOLYN

STREET ADDRESS 2900 NW 50TH STREET

CITY-ST-ZIP MIAMI FL 33142

TITLE DT DELETE

NAME COOPER, W. THEODORA

STREET ADDRESS 1251 NE 198TH STREET #405

CITY-ST-ZIP MIAMI FL

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE

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

Date

1-19-99

Daytime Phone #

305-636-2390

CR2E037 (1/98)