

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 15, 2009
Secretary of State

DOCUMENT# 740791

Entity Name: THE BLACK ARCHIVES, HISTORY AND RESEARCH FOUNDATION OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**5400 NW 22ND AVENUE
BUILDING C, SUITE 101
MIAMI, FL 33142 US**New Principal Place of Business:****Current Mailing Address:**5400 NW 22ND AVENUE
BOX 300
MIAMI, FL 33142 US**New Mailing Address:****FEI Number:** 59-1808272 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILIAMS, ELIZABETH
5400 NW 22ND AVENUE
BOX 300
MIAMI, FL 33142 US**Name and Address of New Registered Agent:**BARBER, TIMOTHY A
5400 NW 22ND AVENUE
BOX 300
MIAMI, FL 33142 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIMOTHY A. BARBER

12/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CH () Delete
Name: WELTERS, GWENDOLYN H
Address: 2900 NW 50TH STREET
City-St-Zip: MIAMI, FL 33142 US**Title:** 1VCH () Delete
Name: REEVES, GARTH C SR
Address: 2082 NE 121ST STREET
City-St-Zip: MIAMI, FL 33181 US**Title:** TREA () Delete
Name: HENRIQUEZ, STEVEN J
Address: 1001 BRICKELL BAY DRIVE SUITE 1400
City-St-Zip: MIAMI, FL 33131 US**Title:** ED () Delete
Name: WILLIAMS, ELIZABETH A
Address: 3682 GRAND AVENUE APARTMENT 4
City-St-Zip: MIAMI, FL 33133 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** ED (X) Change () Addition
Name: BARBER, TIMOTHY A
Address: 5400 NW 22 AVENUE, BLDG C, STE 101, BOX 30
City-St-Zip: MIAMI, FL 33147 US**Title:** EC () Change (X) Addition
Name: FIELDS, DOROTHY J DR.
Address: 5337 NW 29TH COURT
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN H. WELTERS

CH

12/15/2009

Electronic Signature of Signing Officer or Director

Date