

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740791

FILED
Apr 10, 2012
Secretary of State

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
BUILDING C, SUITE 101
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:

BARBER, TIMOTHY A
5400 NW 22ND AVENUE
BLDG C STE 101, BOX 300
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CH
Name: WELTERS, GWENDOLYN H
Address: 5400 NW 22 AVENUE BLDG C STE 101
City-St-Zip: MIAMI, FL 33142 US

Title: 1VCH
Name: REEVES, GARTH C SR
Address: 5400 NW 22 AVENUE BLDG C STE 101
City-St-Zip: MIAMI, FL 33142 US

Title: TREA
Name: HENRIQUEZ, STEVEN J
Address: 5400 NW 22 AVENUE BLDG C STE 101
City-St-Zip: MIAMI, FL 33142 US

Title: ED
Name: BARBER, TIMOTHY A
Address: 5400 NW 22 AVENUE, BLDG C, STE 101, BOX 30
City-St-Zip: MIAMI, FL 33142 US

Title: EC
Name: FIELDS, DOROTHY J DR.
Address: 5400 NW 22 AVENUE BLDG C STE 101
City-St-Zip: MIAMI, FL 33142

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY A. BARBER

ED

04/10/2012

Electronic Signature of Signing Officer or Director

_____ Date