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**Apr 08 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748311 (8)**

1. Corporation Name

**THE BLACK CITIZENS COALITION OF PALM BEACH COUNTY INCORPORATED**

Principal Place of Business

Mailing Address

**810 CLEAR LAKE AVENUE  
WEST PALM BEACH FL 33401-3040**

**810 CLEAR LAKE AVENUE  
WEST PALM BEACH FL 33401-3040**

3. Date Incorporated or Qualified

**08/01/1979**

4. FEI Number

**65-0567669**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYANT, B. CARLETON  
810 CLEAR LAKE AVENUE  
WEST PALM BEACH FL**

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 ☐ DELETE

**D  
FERGUSON, GWENDOLYN (CHR)  
1909 PINEHURST DR  
W. PALM BEACH FL**

TITLE ☐ DELETE

**D  
BRYANT, B. CARLETON (VCH)  
810 CLEAR LAKE AVE.  
W. PALM BEACH FL**

TITLE ☐ DELETE

**S  
BECTON, CINTHIA  
500 W 24TH ST  
RIVIERA BEACH FL**

TITLE ☐ DELETE

**D  
SMITH, RODNEY  
13478 OLD ENGLISHTOWN RD  
W PALM BEACH FL**

TITLE ☐ DELETE

**T  
BURKE, GERALD C.  
618 CLEAR LAKE AVE.  
W. PALM BEACH FL**

TITLE ☐ DELETE

**D  
MCCRAY, BARBARA  
824 11TH STREET  
W. PALMBCH., F L**

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)(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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Gwendolyn P. Ferguson*

**4-1-98**

**(561) 842-6930**

CR2E037 (10/97)