

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90041 009 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748311

1. Corporation Name

THE BLACK CITIZENS COALITION OF PALM BEACH COUNT
Y INCORPORATED

Principal Place of Business

810 CLEAR LAKE AVENUE
WEST PALM BEACH FL 33401-3040

Mailing Address

810 CLEAR LAKE AVENUE
WEST PALM BEACH FL 33401-3040



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/01/1979

4. FEI Number

65-0567669

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

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

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 D ☐ DELETE

NAME FERGUSON, GWENDOLYN (CHR)

STREET ADDRESS 1909 PINEHURST DR

CITY-ST-ZIP W. PALM BEACH FL

TITLE D ☐ DELETE

NAME BRYANT, B. CARLETON (VCH)

STREET ADDRESS 810 CLEAR LAKE AVE.

CITY-ST-ZIP W. PALM BEACH FL

TITLE S ☐ DELETE

NAME BECTON, CINTHIA

STREET ADDRESS 500 W 24TH ST

CITY-ST-ZIP RIVIERA BEACH FL

TITLE D ☐ DELETE

NAME SMITH, RODNEY

STREET ADDRESS 13478 OLD ENGLISHTOWN RD

CITY-ST-ZIP W. PALM BEACH FL

TITLE T ☐ DELETE

NAME BURKE, GERALD C.

STREET ADDRESS 618 CLEAR LAKE AVE.

CITY-ST-ZIP W. PALM BEACH FL

TITLE D ☐ DELETE

NAME MCCRAY, BARBARA

STREET ADDRESS 824 11TH STREET

CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)