FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **751251** **(0)**

1. Corporation Name

THE BLACK HISTORICAL PRESERVATION SOCIETY OF PAL M BEACH COUNTY, INCORPORATED

Principal Place of Business	Mailing Address
623 DIVISION AVE. W. PALM BEACH FL 33401 US	623 DIVISION AVE W. PALM BEACH FL 33401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/26/1980**
3a. Date of Last Report: **06/21/1994**
4. FEI Number: **59-2173030** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FERGUSON, GWENDOLYN P.
1909 PINEHURST DR.
W. PALM BCH. FL 33407

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	FERTUSON, GWENDOLYN P.	12 NAME	Ferguson, Gwendolyn P.
STREET ADDRESS	1909 PINEHURST DR.	13 STREET ADDRESS	1909 Pinehurst Drive
CITY ST ZIP	WEST PALM BEACH FL	14 CITY ST ZIP	West Palm Beach, Fl 33407
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	HAYNESS, MELVIN J	22 NAME	Haynes, Melvin
STREET ADDRESS	1401 PALM BCH. LAKES BLVD.	23 STREET ADDRESS	1401 Palm Beach Lakes Blvd.
CITY ST ZIP	WEST PALM BEACH FL	24 CITY ST ZIP	West Palm Beach, Fl 33401
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BUSH, EDITH	32 NAME	
STREET ADDRESS	1444 8TH ST.	33 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	BANNISTER, EVELYN	42 NAME	
STREET ADDRESS	805 15TH ST., APT. 4	43 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	STARKS, THELMA	52 NAME	
STREET ADDRESS	809 PALM BCH. LAKES BLVD.	53 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SHURFORD, MARIETTA	62 NAME	
STREET ADDRESS	611 6TH ST.	63 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 13F or Block 13I if changed, or on an attachment with an address.

SIGNATURE: Gwendolyn P. Ferguson 4/28/95 (407)833-5836
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047685