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Aug 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 751251 (0)

1. Corporation Name

THE BLACK HISTORICAL PRESERVATION SOCIETY OF PALM 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 33401-3801
US



3. Date Incorporated or Qualified
02/26/1980

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME FERGUSON, GWENDOLYN P
STREET ADDRESS 1909 PINEHURST DR.
CITY-ST-ZIP WEST PALM BEACH FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME LOMAX, MICHAEL
STREET ADDRESS 108 NE 18TH ST
CITY-ST-ZIP DELRAY BCH FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME BUSH, EDITH
STREET ADDRESS 1444 8TH ST.
CITY-ST-ZIP WEST PALM BEACH FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME BANNISTER, EVELYN
STREET ADDRESS 805 15TH ST., APT. 4
CITY-ST-ZIP WEST PALM BEACH FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME STARKS, THELMA
STREET ADDRESS 809 PALM BCH. LAKES BLVD.
CITY-ST-ZIP WEST PALM BEACH FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME STROMAN, JOHN
STREET ADDRESS 634 15TH ST
CITY-ST-ZIP WEST PALM BEACH FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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.

Gwendolyn P. Ferguson, President

CR2E037 (9/96)