

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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

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W. PALM BEACH FL 33401  
US



3. Date Incorporated or Qualified

02/26/1980

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. 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

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

DELETE

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

DELETE

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

DELETE

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

DELETE

TITLE D  
NAME STARKS, THELMA  
STREET ADDRESS 800 PALM BCH. LAKES BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL

DELETE

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

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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 Gwendolyn P. Ferguson 7/23/94 (561) 842-6930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0006711

CR2E037 (5/98)