

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90218 017 \*\*\*\*61.25

**DOCUMENT # 751251**

1. Entity Name

**THE BLACK HISTORICAL PRESERVATION SOCIETY OF  
PALM BEACH COUNTY, INCORPORATED**



Principal Place of Business

**623 DIVISION AVE.  
W. PALM BEACH, FL 33401 US**

Mailing Address

**PO BOX 3531  
WEST PALM BEACH, FL 33402 US**

**94070984**



04042004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2173030**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JEFFERSON, JAMES J  
515 S MANGONIA CIR  
WEST PALM BEACH, FL 33407**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gwendolyn P. Ferguson* **Gwendolyn P. Ferguson** 26-04 561-842-6930