2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# 751251

Entity Name: THE BLACK HISTORICAL PRESERVATION SOCIETY OF PALM BEACH COUNTY, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 3531
WEST PALM BEACH, FL 33402 US

New Mailing Address:

FEI Number: 59-2173030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FERGUSON, GWENDOLYN P
Address: 1909 PINEHURST DR.
City-St-Zip: WEST PALM BEACH, FL

Title: D ( ) Delete
Name: STARKS, THELMA
Address: 809 PALM BCH. LAKES BLVD.
City-St-Zip: WEST PALM BEACH, FL

Title: T ( ) Delete
Name: STROMAN, JOHN
Address: 634 15TH ST
City-St-Zip: WEST PALM BEACH, FL

Title: D ( ) Delete
Name: JEFFERSON, JAMES J
Address: 515 S MANGONIA CIR
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN P. FERGUSON P 04/25/2005

Electronic Signature of Signing Officer or Director — Date