

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90021 016 ****61.25

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1. Entity Name

NORTHEAST BLACK HISTORY COMMITTEE, MOUNT DORA, INC.



Principal Place of Business

**C/O MS. RUTHIE A. WATSON
1650 TREMAIN STREET
MOUNT DORA FL 32757**

Mailing Address

**C/O DR. JOHN J. NEUMAIER
601 N. McDONALD STREET
MOUNT DORA FL 32757**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3682661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STRICKLAND, WILLIAM J
4301 CAROUSEL ROAD
ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WATSON, RUTHIE MS.	
STREET ADDRESS	1650 TREMAIN STREET	
CITY-ST-ZIP	MOUNT DORA FL 32757	

TITLE	1VP	<input type="checkbox"/> Delete
NAME	NEUMAIER, JOHN J DR.	
STREET ADDRESS	601 N. McDONALD STREET	
CITY-ST-ZIP	MOUNT DORA FL 32757	

TITLE	TD	<input type="checkbox"/> Delete
NAME	STRICKLAND, WILLIAM J MR.	
STREET ADDRESS	4301 CAROUSEL ROAD	
CITY-ST-ZIP	ORLANDO FL 32808	

TITLE	SD	<input type="checkbox"/> Delete
NAME	LUTHER, SARA F	
STREET ADDRESS	601 N. McDONALD STREET	
CITY-ST-ZIP	MOUNT DORA FL 32757	

TITLE	2VP	<input type="checkbox"/> Delete
NAME	VINSON, BRENDA L	
STREET ADDRESS	406 JACKSON AVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	

TITLE	Associate	<input type="checkbox"/> Delete
NAME	Vivian W. Owens	
STREET ADDRESS	390 Ohio Blvd	
CITY-ST-ZIP	Eustis FL 32726	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda Lott Grey
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	new member
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Sara F. Luther* Secretary (Sara F. Luther) 3-1-06 353 383 0059