

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90319 014 ****61.25

DOCUMENT # N01000004528					
1. Entity Name TAMPA BAY BLACK HERITAGE FESTIVAL, INC.					
Principal Place of Business 7010 WHITTIER ST. TAMPA, FL 33617			Mailing Address P. O. BOX 16622 TAMPA, FL 33687-6682		
2. Principal Place of Business 10910 N. 56th St.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State			
Zip FL 33617		Country USA		4. FEI Number 59-3710725	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WRIGHT, SAMUEL L ED D 3445-01 PARK SQUARE EAST TAMPA, FL 33613			7. Name and Address of New Registered Agent Name - <u>Felecia Wintons</u> Street Address (P.O. Box Number is Not Acceptable) 10910 N. 56th St. City <u>Tampa</u> <u>FL</u> Zip Code <u>33617</u>		
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 <u>Felecia Wintons</u> <u>Felecia Wintons</u> DATE <u>4-14-04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE A NAME ANTHONY, KEN STREET ADDRESS 1101 NORTH HOWARD AVENUE CITY-ST-ZIP TAMPA, FL 33607	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE DOC NAME AUGUSTE, EMMANUEL STREET ADDRESS 4202 EAST FOWLER AVENUE CITY-ST-ZIP TAMPA, FL 33620	☒ Delete		TITLE VP NAME Teddy Pierre STREET ADDRESS 1217 Leisure Ave. CITY-ST-ZIP Tampa, FL 33613	☐ Change ☒ Addition	
TITLE P NAME BAILEY, CYNTHIA STREET ADDRESS 1711 WEST KENNEDY BLVD CITY-ST-ZIP TAMPA, FL 33606	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE ADDE NAME BLAKE, CAMILLE ESQ STREET ADDRESS 4202 EAST FOWLER AVENUE ADM 274 CITY-ST-ZIP TAMPA, FL 33620	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE DOCD NAME HOLLEY, SUZIE STREET ADDRESS 400 NORTH TAMPA STREET #1010 CITY-ST-ZIP TAMPA, FL 33602	☒ Delete		TITLE Treasurer NAME Felecia Wintons STREET ADDRESS 10910 N. 56th St. CITY-ST-ZIP Tampa, FL 33617	☐ Change ☒ Addition	
TITLE D NAME KASS, EMILY STREET ADDRESS 600 NORTH ASHLEY DRIVE CITY-ST-ZIP TAMPA, FL 33602	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
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: <u>Felecia Wintons</u> <u>Felecia Wintons</u>			DATE <u>4-14-04</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		