2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N01000004528

Entity Name: TAMPA BAY BLACK HERITAGE FESTIVAL, INC.

Current Principal Place of Business:

10910 N. 56TH ST
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 16622
TAMPA, FL 336876682

New Mailing Address:

FEI Number: 59-3710725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINTONS, FELECIA
10910 N. 56TH ST
TAMPA, FL 33617 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: A ( ) Delete
Name: ANTHONY, KEN
Address: 1101 NORTH HOWARD AVENUE
City-St-Zip: TAMPA, FL 33607

Title: VP ( ) Delete
Name: PIERRE, TEDDY
Address: 1217 LEISURE AVE
City-St-Zip: TAMPA, FL 33613

Title: P ( ) Delete
Name: BAILEY, CYNTHIA
Address: 1711 WEST KENNEDY BLVD
City-St-Zip: TAMPA, FL 33606

Title: ADDE ( ) Delete
Name: BLAKE, CAMILLE ESQ
Address: 4202 EAST FOWLER AVENUE ADM 274
City-St-Zip: TAMPA, FL 33620

Title: T ( ) Delete
Name: WINTONS, FELECIA
Address: 10910 N. 56TH ST
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete
Name: KASS, EMILY
Address: 600 NORTH ASHLEY DRIVE
City-St-Zip: TAMPA, FL 33602

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:

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: FELECIA A. WINTONS TREA 04/29/2005
Electronic Signature of Signing Officer or Director — Date