

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006541

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** THE BLACK VEGETARIAN SOCIETY OF FLORIDA, INCORPORATED

**Current Principal Place of Business:**

2213 SW 80 TERRACE  
MIRAMAR, FL 33025 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 246196  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLIMPS-SMITH, KIA A MRS.  
2213 SW 80 TERRACE  
MIRAMAR, FL 33025 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: GLIMPS-SMITH, KIA A MRS.  
Address: 2213 SW 80 TERRACE  
City-St-Zip: MIRAMAR, FL 33025 US

Title: VP ( ) Delete  
Name: LOVE, GEORGE DR.  
Address: 2519 N. OCEAN BLVD. APT. # 303  
City-St-Zip: BOCA RATON, FL 33431 US

Title: T ( ) Delete  
Name: SMITH, REUBEN E JR.  
Address: 2213 SW 80 TERRACE  
City-St-Zip: MIRAMAR, FL 33025 US

Title: S (X) Delete  
Name: KEIRA, VIVIAN MRS.  
Address: 3911 NW 32ND TERRACE  
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HOLLIGAN, EVERTON  
Address: 1800 NW 5 STREET  
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: VP (X) Change ( ) Addition  
Name: AQEEL, KAMEELAH  
Address: 1040 BAYVIEW DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33304 US

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: REUBEN SMITH

T

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date