

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

08-23-2004 90016 036 ****61.25

DOCUMENT # N03000008552

1. Entity Name
EBONY N' GORE, INC.



Principal Place of Business
**2306 MCCLELLAN ST
P.O. BOX 222061
HOLLYWOOD, FL 33022**

Mailing Address
**2306 MCCLELLAN ST
P.O. BOX 222061
HOLLYWOOD, FL 33022**

66433470



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08172004

Chg-NP

CR2E037 (10/03)

4. FEI Number

54-2126991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, MERITA
4931 NW 13TH ST
LAUDERHILL, FL**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 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 ☐ Delete
NAME **D GREENE, MERITA**
STREET ADDRESS **4931 NW 13TH ST**
CITY - ST - ZIP **LAUDERHILL, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME **D PENN, LUCYE**
STREET ADDRESS **754 SW 3RD ST**
CITY - ST - ZIP **DANIA, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME **D FRANKS, MARILYN**
STREET ADDRESS **2313 ATLANTA ST**
CITY - ST - ZIP **HOLLYWOOD, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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 no name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Merita Greene
8/18/04 (934) 921-0310
Date Daytime Phone #