

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90052 013 ****70.00

DOCUMENT # N06000000609

1. Entity Name

RECLAIMING OUR HERITAGE, INC.



Principal Place of Business

442 W KENNEDY BLVD #340
TAMPA FL 33606

Mailing Address

442 W KENNEDY BLVD #340
TAMPA FL 33606



2. Principal Place of Business - No P.O. Box #

2401 BAYSHORE BLVD

3. Mailing Address

2401 BAYSHORE BLVD

Suite, Apt. #, etc.

#908

Suite, Apt. #, etc.

#908

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33629

Country

USA

Zip

33629

Country

USA

4. FEI Number

20-4190923

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

MARKS, DEVIN D
442 W KENNEDY BLVD #340
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

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

2401 BAYSHORE BLVD #908

City TAMPA

FL

Zip Code

33629

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

April 23, 2007

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 TP
NAME MARKS, DEVIN D
STREET ADDRESS 442 W KENNEDY BLVD #340
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE STT
NAME RIDLEY, CAROLYN L
STREET ADDRESS 442 W KENNEDY BLVD #340
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE VT
NAME SMATHERS, BRUCE A
STREET ADDRESS 1050 RIVERSIDE AVE
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS 2401 BAYSHORE BLVD #908
CITY-ST-ZIP TAMPA FL 33629 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1361 COPPERFIELD CT
CITY-ST-ZIP LEXINGTON KY 40514 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 4745 SUTTON PARK CT #602
CITY-ST-ZIP JACKSONVILLE, FL 32224 ☒ Change ☐ Addition

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

813-458-2449

Date

Daytime Phone #