

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000452

FILED  
Aug 12, 2009  
Secretary of State

**Entity Name:** INVERNESS BLACK HISTORY CLUB, INC.

**Current Principal Place of Business:**

122 DR. MARTIN LUTHER KING, JR. AVE.  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

122 DR. MARTIN LUTHER KING, JR. AVE.  
INVERNESS, FL 34450

**New Mailing Address:**

**FEI Number:** 57-1200604      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GREENE, SHIRLEY  
3518 E. KIRBY LANE  
INVERNESS, FL 34452      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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PRES ( ) Change (X) Addition  
Name: GREENE, SHIRLEY  
Address: 3518 E KIRBY LN  
City-St-Zip: INVERNESS, FL 34452 US

Title: VP ( ) Change (X) Addition  
Name: KEY, JAMES  
Address: 4095 E BECK ST  
City-St-Zip: INVERNESS, FL 34453 US

Title: CAPL ( ) Change (X) Addition  
Name: KEY, ROBERT  
Address: 191 S SNAPP AVE  
City-St-Zip: INVERNESS, FL 34453 US

Title: PR ( ) Change (X) Addition  
Name: LANGLEY, JOHN  
Address: 2722 BAYVIEW DR  
City-St-Zip: EUSTUS, FL 32726 US

Title: SEC ( ) Change (X) Addition  
Name: GRAHAM, ANGELLA  
Address: 5528 E TANGELO LN  
City-St-Zip: INVERNESS, FL 34453 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHIRLEY GREENE

PRES

08/12/2009

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

\_\_\_\_\_  
Date