

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004132

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** THE CENTER FOR THE STUDY OF BLACK HOSPITAL HISTORY, INC.

**Current Principal Place of Business:**

9511 STAR VIEW LANE  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

9511 STAR VIEW LANE  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 61-1562844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WESLEY, JR., NATHANIEL  
9511 STAR VIEW LANE  
TALLAHASSEE, FL 32309 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:** PD  
**Name:** WESLEY, JR.,  
**Address:** 9511 STAR VIEW LANE  
**City-St-Zip:** TALLAHASSEE, FL 32309

**Title:** TD  
**Name:** WESLEY, SHEILA A  
**Address:** 9511 STAR VIEW LANE  
**City-St-Zip:** TALLAHASSEE, FL 32309

**Title:** SD  
**Name:** LEE, ANDRE DR.  
**Address:** 17515 W NINE MILE RD, SUITE 750  
**City-St-Zip:** SOUTHFIELD, MI 48075

I hereby 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 all other like empowered.

**SIGNATURE:** NATHANIEL WESLEY, JR.

PRES

01/06/2012

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

\_\_\_\_\_  
Date