

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90015 031 ****61.25

DOCUMENT # N20854

1. Entity Name

BLACK HERITAGE MUSEUM INC.



Principal Place of Business

Mailing Address

15801 SW 102 AVE.
PO BOX 570327
MIAMI FL 33257-7327

15801 SW 102 AVE.
PO BOX 570327
MIAMI FL 33257-7327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

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

**BAILEY, ABE A.
20401 N.W. 2ND AVE.
SUITE 101
MIAMI FL 33169**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 **PT** ☐ Delete
NAME **KRUIZE, PRISCILLA G. S.**
STREET ADDRESS **15801 S.W. 102ND AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE **VTT** ☐ Delete
NAME **ROBERTS, GARY**
STREET ADDRESS **15922 NW 38 PLACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **ST** ☐ Delete
NAME **COFIELD, EVA J**
STREET ADDRESS **14110 VAN BUREN**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

Priscilla G. S. Kruike

May 25, 2007 305-252-3535