

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McPham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30160 (8)**
1. Corporation Name
MARTIN COUNTY BLACK HERITAGE ASSOCIATION, INC.



Principal Place of Business 724 E. 10TH STREET P.O. BOX 1829 STUART FL 34995	Mailing Address 724 E. 10TH STREET P.O. BOX 1829 STUART FL 34995-1829
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3. Date Incorporated or Qualified 01/12/1989	3a. Date of Last Report 03/11/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 2779
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Stuart, Florida
Zip 24	Country 25
29 34995	30 Florida

4. FEI Number 59-3014044	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MOSLEY, MARTHA 912 E. 9TH STREET STUART FL 34994	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **MARTHA MOSLEY** DATE **1/29/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	2nd Vice President - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUTU, TAMMY	1.2 NAME	James Christie
STREET ADDRESS	1575 SW SILVER PINE WAY	1.3 STREET ADDRESS	915- Hall Street
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Stuart, Florida 34994
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	GRANT, LORENE	2.2 NAME	
STREET ADDRESS	1608 ARAPAHO AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ST. HILL, BARBARA	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 6145 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	GAINES, ELMIRA	4.2 NAME	
STREET ADDRESS	5833 SE MERCEDES AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT SALERNO FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MOSLEY, MARTHA	5.2 NAME	
STREET ADDRESS	912 E. 9TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	3rd Vice President - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, MARIAN	6.2 NAME	Marian Brown
STREET ADDRESS	4290 SE COVER ROAD	6.3 STREET ADDRESS	5843 S.E. Rumbout Drive
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	Stuart, FL 34997

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MARTHA MOSLEY** DATE **1/29/97** 561-281-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)