

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N30160**

1. Entity Name

**MARTIN COUNTY BLACK HERITAGE ASSOCIATION, INC.**

Principal Place of Business

724 E. 10TH STREET  
P.O. BOX 1829  
STUART FL 34995

Mailing Address

PO BOX 2779  
P.O. BOX 1829  
STUART FL 34995  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MOSLEY, MARTHA  
912 E. 9TH STREET  
STUART FL 34994

4. FEI Number

**59-3014044**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

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.

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**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHRISTIE, JAMES	
STREET ADDRESS	915 HALL ST	
CITY-ST-ZIP	STUART FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRANT, LORENE	
STREET ADDRESS	1608 ARAPAHO AVE.	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAINEY, ELMIRA	
STREET ADDRESS	5833 SE MERCEDES AVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDWARDS, ALEX	
STREET ADDRESS	2716 SE AMHURST ST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOSLEY, MARTHA	
STREET ADDRESS	912 E. 9TH STREET	
CITY-ST-ZIP	STUART FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DOTSON, BARBARA	
STREET ADDRESS	900 E HALL ST	
CITY-ST-ZIP	STUART FL 34994	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Martha Mosley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90137 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)