

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**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**



03162004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3014044**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000098873  
03/29/04-80060-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD  
CHRISTIE, JAMES  
915 HALL ST  
STUART, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
GRANT, LORENE  
1608 ARAPAHO AVE.  
STUART, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
GAINEY, ELMIRA  
5833 SE MERCEDES AVE  
STUART, FL 34997**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
EDWARDS, ALEX  
2716 SE AMHURST ST  
STUART, FL 34997**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
MOSLEY, MARTHA  
912 E. 9TH STREET  
STUART, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD  
DOTSON, BARBARA  
900 E HALL ST  
STUART, FL 34994**

**DO NOT WRITE  
IN THIS SPACE**

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

*3/25/04*  
Date

*722-286-8686*  
Daytime Phone #