2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N30160

Entity Name: MARTIN COUNTY BLACK HERITAGE ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3014044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSLEY, MARTHA
912 E. 9TH STREET
STUART, FL 34994 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: VPD ( ) Delete
Name: CHRISTIE, JAMES
Address: 915 HALL ST
City-St-Zip: STUART, FL

Title: P ( ) Delete
Name: GRANT, LORENE,
Address: 1608 ARAPAHO AVE.
City-St-Zip: STUART, FL

Title: D ( ) Delete
Name: GAINEY, ELMIRA
Address: 5833 SE MERCEDES AVE
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete
Name: EDWARDS, ALEX
Address: 2716 SE AMHURST ST
City-St-Zip: STUART, FL 34997

Title: SD ( ) Delete
Name: MOSLEY, MARTHA,
Address: 912 E. 9TH STREET
City-St-Zip: STUART, FL

Title: VPD ( ) Delete
Name: DOTSON, BARBARA
Address: 900 E HALL ST
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARTHA MOSLEY SEC. 04/26/2005

Electronic Signature of Signing Officer or Director — Date