

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30160

FILED  
Jul 19, 2007  
Secretary of State

**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:**

724 E. 10TH STREET  
STUART, FL 34995

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 2779  
724 E. 10TH STREET  
STUART, FL 34995 US

**FEI Number:** 59-3014044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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 exemption stated in Chapter 119, 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 MOSLE

SEC.

07/19/2007

Electronic Signature of Signing Officer or Director

Date