

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36469 (7)
1. Corporation Name
THE SOUTH FLORIDA BLACK FILM FESTIVAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:21

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/06/1990	3a. Date of Last Report 08/11/1994
4. FEI Number 65-0088360	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33313 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33313 Country 30
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9. Name and Address of Current Registered Agent FREEMAN, MONICA 1000 NW NORTH RIVER DR. APT 118 MIAMI FL 33136	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 395 NE 21st Street #502 83 84 City FL 85 Zip Code 33137
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Monica Freeman Monica Freeman, Director February 10, 1995
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LYNCH, FRANZ 3531 QUIET CREEK CT. MARIETTA GA 30060	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DM Monica Freeman 395 ne 21st Street #502 Miami FL 33137 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM LYNCH, KEVEN 3531 QUIET CREEK CT. MARIETTA GA 30060	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DS Jewel Daniels 2304 nw 56th Avenue Lauderhill, Florida 33313 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOLCOMB, GLEN 4460 NW 22ND ST. LAUDERDALE LAKES FL 33313	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOLMES, ANNIE J 1525 NW 13TH AVE FT. LAUD FL 33311	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCPHERSON-LEWIS, MARY 3810 NW 28TH ST. LAUDERDALE LAKES FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHIE, JOHN 450 NE 82ND TERR MIAMI FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(2)(k), 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 this 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 in an attachment with an address.

SIGNATURE: Monica Freeman Monica Freeman, Director 2/10/95
(Signature and typed or printed name of signing officer or director) (Date)