

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36469 (7)

1. Corporation Name

THE SOUTH FLORIDA BLACK FILM FESTIVAL, INC.



Principal Place of Business

C/O AACCC. 5787 W. SUNRISE
PLANTATION FL 33313
US

Mailing Address

C/O AACCC. 5787 W. SUNRISE
PLANTATION FL 33313
US

3. Date Incorporated or Qualified
02/06/1990

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 **614 North Andrews Ave**

26 **P.O. BOX 1464**

4. FEI Number
65-0088360

Applied For
Not Applicable

22 Suite, Apt. #, etc.
c/o AACCC

Suite, Apt. #, etc.

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

23 City & State
Fort Lauderdale, Florida

27 City & State
Ft. Lauderdale, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33311

Country
Broward

29 Zip
33302

Country
Broward

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREEMAN, MONICA
395 NE 21ST STREET, #502
MIAMI FL 33137**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE *Monica Freeman*
Signature typed or printed name of registered agent and not if applicable

Monica Freeman
Executive Director
(NOTE: Registered Agent signature required when reinstating)

2/5/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DM	<input type="checkbox"/> DELETE
NAME	FREEMAN, MONICA	
STREET ADDRESS	395 NE 21ST STREET, #502	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DANIELS, JEWEL	
STREET ADDRESS	2304 NW 56TH AVENUE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOLCOMB, GLEN	
STREET ADDRESS	4460 NW 22ND ST.	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HOLMES, ANNIE J	
STREET ADDRESS	1525 NW 13TH AVE	
CITY-ST-ZIP	FT. LAUD FL 33311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCPHERSON-LEWIS, MARY	
STREET ADDRESS	3810 NW 28TH ST.	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARCHIE, JOHN	
STREET ADDRESS	450 NE 82ND TERR	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33313
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DT
4.3 STREET ADDRESS	Andre McNeal
4.4 CITY-ST-ZIP	5111 NE 8th Avenue
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Vice-President
6.3 STREET ADDRESS	Archie, John
6.4 CITY-ST-ZIP	450 NE 82nd Terr
	Miami, FL 33138

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 119.07(3)(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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Monica Freeman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Monica Freeman, Executive Director (305) 787-5200
DATE: *2/5/96* Daytime Phone

CR2E037 (12/95)