

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N36469</u> 1. Corporation Name <u>South Florida Black Film Festival</u>		FILED 97 OCT -3 AM 8:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <u>1350 East Sunrise Blvd., Ste. 120</u> <u>Ft. Lauderdale, FL 33304</u>			
Mailing Address			
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <u>2/6/90</u>	3a. Date of Last Report <u>2/5/96</u>
21	26	4. FEI Number <u>65-0088360</u>	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28		
Zip	Zip		
24	29		
Country	Country		
25	30		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<u>Roslyn P. Williams</u> <u>1018 SW 112th Ter.</u> <u>Pembroke Pines, FL 33025</u>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 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 617.0503, Florida Statutes.			
SIGNATURE <u>Roslyn P. Williams - Executive Director</u>		DATE <u>9/9/97</u>	
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
<u>DM</u>	<u>Monica Freeman</u>	<u>DM</u>	<u>Roslyn P. Williams</u>
STREET ADDRESS	STREET ADDRESS	13 STREET ADDRESS	14 CITY - ST - ZIP
<u>395 NE 21st St., #502</u>	<u>Miami, FL</u>	<u>1018 SW 112th Terr., Pembroke Pines</u>	<u>33025</u>
CITY - ST - ZIP	CITY - ST - ZIP	21 TITLE	22 NAME
<u>DE</u>	<u>Sewel Daniels</u>	<u>JP</u>	<u>John Archie</u>
STREET ADDRESS	STREET ADDRESS	23 STREET ADDRESS	24 CITY - ST - ZIP
<u>2304 NW 56th Ave</u>	<u>Haubershill, FL</u>	<u>450 NE 82nd Terr., #6</u>	<u>Miami, FL 33138</u>
CITY - ST - ZIP	CITY - ST - ZIP	31 TITLE	32 NAME
<u>DT</u>	<u>Annie S. Holmes</u>	<u>DIV</u>	<u>Eden Holcomb</u>
STREET ADDRESS	STREET ADDRESS	33 STREET ADDRESS	34 CITY - ST - ZIP
<u>1525 NW 13th Ave</u>	<u>Ft. Lauderdale, FL 33311</u>	<u>2840 SW 14th St., #18</u>	<u>Baynton Bch., FL 33426</u>
CITY - ST - ZIP	CITY - ST - ZIP	41 TITLE	42 NAME
<u>DE</u>	<u>Mary McPherson-Lewis</u>		
STREET ADDRESS	STREET ADDRESS	43 STREET ADDRESS	44 CITY - ST - ZIP
<u>3810 NW 28th St.</u>	<u>Haubersdale Lakes, FL</u>	<u>800002313628--B</u>	<u>-10/07/97--01029--014</u>
CITY - ST - ZIP	CITY - ST - ZIP	51 TITLE	52 NAME
TITLE	NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
STREET ADDRESS	STREET ADDRESS	61 TITLE	62 NAME
CITY - ST - ZIP	CITY - ST - ZIP	63 STREET ADDRESS	64 CITY - ST - ZIP
14. I do 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 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: <u>Roslyn P. Williams</u>		DATE <u>9/9/97</u> 305) 787-5200	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

CR2E037 (9/96)