

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47269** (8)
1. Corporation Name
PROJECT BLACK CINEMA, INCORPORATED

Principal Place of Business 1359 FRUITVILLE RD SARASOTA FL 34236 US	Mailing Address P.O. BOX 565 SARASOTA FL 34230-0565
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1992		3a. Date of Last Report 06/10/1996	
21		26		4. FEI Number 65-0311747		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent BARNETT, W. L. CHE 3254 CLARK DRIVE SARASOTA FL 34234				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input type="checkbox"/> DELETE		1.1 TITLE	D/V/M	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNETT, W.L. CHE			1.2 NAME			
STREET ADDRESS	3254 CLARK DRIVE			1.3 STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL			1.4 CITY - ST - ZIP			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEPHENS, CHARLES R. J			2.2 NAME			
STREET ADDRESS	2401 8TH ST., #6			2.3 STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL			2.4 CITY - ST - ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEPHENS, CHARLES R.			3.2 NAME			
STREET ADDRESS	2401 8TH ST., #6			3.3 STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL			3.4 CITY - ST - ZIP			
TITLE	DS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATTIE, A. JEAN			4.2 NAME			
STREET ADDRESS	1825 EDGEWATER DR.			4.3 STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCADAMS, MACEO			5.2 NAME			
STREET ADDRESS	3254 CLARK DRIVE			5.3 STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL			5.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, SHEILA			6.2 NAME	ATKINS, Sheila		
STREET ADDRESS	1485 21 ST.			6.3 STREET ADDRESS	1246 36th St.		
CITY - ST - ZIP	SARASOTA FL			6.4 CITY - ST - ZIP	SARASOTA, FL 34234		

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: **W.L. CHE BARNETT** **W.L. CHE BARNETT** **4/28/97** **941-953-1424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062769

CR2E037 (9/96)

**PROJECT BLACK CINEMA, INC.
N47269
ADDITIONAL BOARD MEMBERS**

D/T

**Yvette McPherson
2568 10th St. #103
Sarasota, FL 34237
941-365-0383**

D

**Alice E. Stephens
2801 MLK Drive #709
Chicago, IL 60616
312-667-3748**