2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005014

FILED Jan 11, 2007 Secretary of State

Entity Name: THE LEE COUNTY BLACK HISTORY SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

1936 HENDERSON AVE. FT. MYERS, FL 33916

Current Mailing Address: New Mailing Address:

P.O. BOX 489

FT. MYERS, FL 33902 US

FEI Number: 65-0449973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIMMS, NANCY E SIMMS, NANCY K MRS 3130 ST. CHARLES AVE. 3130 SAINT CHARLES STREET

FORT MYERS, FL 339164332 US FORT MYERS, FL 339164332 US

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: NANCY K. SIMMS 01/11/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

FORT MYERS, FL 33907

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FORT MYERS, FL 33907

(X) Change () Addition () Delete MYERS, HARRIET LUMUMBA, ALIBABA MR. Name: Name:

2956 MARKET ST Address: 1803 S. E. 8TH STREET Address: City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: CAPE CORAL, FL 33990

Title: () Delete Title: (X) Change () Addition DENSON-ROGERS, NINA Name: DENSON-ROGERS, NINA MRS. Name: Address: 3740 EDISON AVE Address: 3740 EDISON AVE

City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: FORT MYERS, FL 33916

Title: DS () Delete Title: (X) Change () Addition HILL, VIVIAN MRS. HILL, VIVIAN Name: Name:

1550 HIGH STREET 1550 HIGH STREET Address: Address: City-St-Zip: FORT MYERS, FL City-St-Zip: FORT MYERS, FL

Title: SP () Delete Title: (X) Change () Addition

SIMMS, NANCY Name: Name: SIMMS, NANCY K MRS. 3130 ST CHARLES AVE 3130 ST CHARLES AVE Address: Address: City-St-Zip: FORT MYERS, FL City-St-Zip: FORT MYERS, FL

Title: () Delete Title: (X) Change () Addition

JOHNSON, JACOB SCOTT, RALEIGH MR. Name: Name: 2994 PRICE AVE P. O. BOX 60432 Address: Address: City-St-Zip: FORT MYERS, FL City-St-Zip: FORT MYERS, FL 33906

Title: () Delete Title: (X) Change () Addition

DAISY, BENJAMIN DAISY, BENJAMIN S MRS. Name: Name: Address: PO BOX 60884 Address: PO BOX 60884

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: NANCY K. SIMMS **TREA** 01/11/2007

Electronic Signature of Signing Officer or Director

Date