

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005014

FILED
Aug 28, 2008
Secretary of State

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

Current Principal Place of Business:

1936 HENDERSON AVE.
FT. MYERS, FL 33916 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 489
FT. MYERS, FL 33902 US

New Mailing Address:

FEI Number: 65-0449973 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMMS, NANCY K MRS.
3130 SAINT CHARLES STREET
FORT MYERS, FL 339164332 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUMUMBA, ALIBABA MR.
Address: 1803 S. E. 8TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: D (X) Delete
Name: DENSON-ROGERS, NINA MRS.
Address: 3740 EDISON AVE
City-St-Zip: FORT MYERS, FL 33916

Title: S () Delete
Name: HILL, VIVIAN MRS.
Address: 1550 HIGH STREET
City-St-Zip: FORT MYERS, FL

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

Title: VP () Delete
Name: SCOTT, RALEIGH MR.
Address: P. O. BOX 60432
City-St-Zip: FORT MYERS, FL 33906

Title: D (X) Delete
Name: DAISY, BENJAMIN S MRS.
Address: PO BOX 60884
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LUMUMBA, ALIBABA MR.
Address: 3702 MADISON AVENUE
City-St-Zip: FORT MYERS, FL 33916

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HILL, VIVIAN MRS.
Address: 2997 PRICE AVENUE
City-St-Zip: FORT MYERS, FL 33916

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: ALI BABA LUMUMBA

P

08/28/2008

Electronic Signature of Signing Officer or Director

Date