

FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90058 005 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N95000004351

1. Corporation Name
BLACK HERITAGE FESTIVAL OF NEW SMYRNA BEACH, INC

| | |
|---|---|
| Principal Place of Business 453 OAK ST. NEW SMYRNA BEACH FL 32168 | Mailing Address 453 OAK ST. NEW SMYRNA BEACH FL 32168 |
|---|---|



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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 09/11/1995 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number NOT APPLICABLE Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | |
|---|--|---|----------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| HARRELL, MARY S 453 OAK ST. NEW SMYRNA BEACH FL 32168 | | 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 617.0503, Florida Statutes.

SIGNATURE Mary S. Harrell - Mary S. Harrell DATE 4-27-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | M <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRELL, MARY S | 1.2 NAME | |
| STREET ADDRESS | 453 OAK ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRELL, JIMMY | 2.2 NAME | |
| STREET ADDRESS | 453 OAK ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELL, ORETHA | 3.2 NAME | |
| STREET ADDRESS | 620 N. BUSS ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALKER, B | 4.2 NAME | |
| STREET ADDRESS | 511 JULIA ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | 4.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUTCHINS, LAURA | 5.2 NAME | |
| STREET ADDRESS | 813 HAMILTON ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | 5.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOWE, PINKIE | 6.2 NAME | |
| STREET ADDRESS | 305 HICKORY | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE: Mary S. Harrell DATE: 4-27-99 DAYTIME PHONE #: 904-428-6225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE037 (1/198)