


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90053 019 ****61.25

DOCUMENT # N95000004351							
1. Entity 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					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number NO-T APPLICABLE			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HARRELL, MARY S 453 OAK ST. NEW SMYRNA BEACH FL 32168			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HARRELL, MARY S	NAME					
STREET ADDRESS	453 OAK ST.	STREET ADDRESS					
CITY-ST-ZIP	NEW SMYRNA BEACH FL	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HARRELL, JIMMY	NAME					
STREET ADDRESS	453 OAK ST.	STREET ADDRESS					
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	CITY-ST-ZIP					
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BELL, ORETHA	NAME					
STREET ADDRESS	620 N. BUSS ST.	STREET ADDRESS					
CITY-ST-ZIP	NEW SMYRNA BEACH FL	CITY-ST-ZIP					
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	O'BANNON, JOANNE	NAME					
STREET ADDRESS	456 BOUCHELLE DR.	STREET ADDRESS					
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	CITY-ST-ZIP					
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GASKINS, CRYSTAL	NAME					
STREET ADDRESS	1012 WILKINS ST.	STREET ADDRESS					
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	CITY-ST-ZIP					
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LOWE, PINKIE	NAME					
STREET ADDRESS	305 HICKORY	STREET ADDRESS					
CITY-ST-ZIP	NEW SMYRNA BCH FL	CITY-ST-ZIP					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Mary S. Harrell</i>		<i>Mary S. Harrell</i>		Date: <i>4-11-04</i> Daytime Phone #: <i>386-4286225</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							