


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004351

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



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HARRELL, MARY S
453 OAK ST.
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent
 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 re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> Delete	NAME: HARRELL, MARY S STREET ADDRESS: 453 OAK ST. CITY-ST-ZIP: NEW SMYRNA BEACH FL
TITLE: D <input type="checkbox"/> Delete	NAME: HARRELL, JIMMY STREET ADDRESS: 453 OAK ST. CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168
TITLE: VD <input type="checkbox"/> Delete	NAME: BELL, ORETHA STREET ADDRESS: 620 N. BUSS ST. CITY-ST-ZIP: NEW SMYRNA BEACH FL
TITLE: SD <input type="checkbox"/> Delete	NAME: O'BANNON, JOANNE STREET ADDRESS: 456 BOUCHELLE DR. CITY-ST-ZIP: NEW SMYRNA BEACH FL 32169
TITLE: TD <input type="checkbox"/> Delete	NAME: BROWN, ALPHONZO STREET ADDRESS: 704 HAMILTON CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168
TITLE: PD <input type="checkbox"/> Delete	NAME: JAMES, MONTEZ STREET ADDRESS: 828 ENTERPRISE AVE CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: U00000690683 STREET ADDRESS: 04/11/07-80087-008 66.25 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Mary S. Harrell* **Mary S. Harrell** *March 27, 2007* **386-428-6225**