


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90025 011 ****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 - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 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 _____ | | | |



1st MOORE CR2E037 (10/07)

| | |
|---|---------------------------------------|
| 4. FEI Number NO-T APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2008 | 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 BROWN, ALPHONZO | | NAME | |
| STREET ADDRESS 704 HAMILTON | | 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 JAMES, MONTEZ | | NAME | |
| STREET ADDRESS 828 ENTERPRISE AVE | | STREET ADDRESS | |
| CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 | | 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 3-26-08 386-4288-6225