


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
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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