

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004351

FILED
Jul 12, 2009
Secretary of State

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

Current Principal Place of Business:

453 OAK ST.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

453 OAK ST.
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3340834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRELL, MARY S
453 OAK ST.
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRELL, MARY S
Address: 453 OAK ST.
City-St-Zip: NEW SMYRNA BEACH, FL

Title: D () Delete
Name: HARRELL, JIMMY
Address: 453 OAK ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD () Delete
Name: BELL, ORETHA
Address: 620 N. BUSS ST.
City-St-Zip: NEW SMYRNA BEACH, FL

Title: SD () Delete
Name: O'BANNON, JOANNE
Address: 456 BOUCHELLE DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD () Delete
Name: BROWN, ALPHONZO
Address: 704 HAMILTON
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PD () Delete
Name: JAMES, MONTEZ
Address: 828 ENTERPRISE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARRELL, MARY S
Address: 453 OAK ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168 VO

Title: D (X) Change () Addition
Name: HARRELL, JIMMY
Address: 453 OAK ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168 VO

Title: VD (X) Change () Addition
Name: BELL, ORETHA W D
Address: 620 N. BUSS ST.
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Title: SD (X) Change () Addition
Name: O'BANNON, JOANNE D
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Title: PD (X) Change () Addition
Name: JAMES, MONTEZ
Address: 828 ENTERPRISE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 VO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY S HARRELL

ED

07/12/2009

Electronic Signature of Signing Officer or Director

_____ Date