

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004351

FILED
Jan 05, 2012
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 ()

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
Name: HARRELL, MARY S
Address: 453 OAK ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

Title: PD
Name: LAWS, LORENZO
Address: 344 SHELDON ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD
Name: KERSHNER, PATRICIA
Address: 21 COUNTRY CLUB DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

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

I hereby 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 all other like empowered.

SIGNATURE: JIMMY HARRELL

D

01/05/2012

Electronic Signature of Signing Officer or Director

Date