

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

0001695

04-04-2003 90106 025 ****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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	GASKINS, CRYSTAL	NAME	
STREET ADDRESS	1012 WILKINS ST.	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	LOWE, PINKIE	NAME	
STREET ADDRESS	305 HICKORY	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **REQUIRE** *Mary S. Harrell 4-2-03 386-428-6225*

CR2E037 (10/02)