

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

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90142 018 ****61.25

DOCUMENT # N96000000451

1. Entity Name
FLORIDA BLACK HISTORICAL RESEARCH PROJECT INC.



Principal Place of Business
2200 N AUSTRALIAN AVE
SUITE 301
WEST PALM BEACH FL 33407

Mailing Address
P.O. BOX 225
WEST PALM BEACH FL 33402

2. Principal Place of Business
2200 N. Australian Ave.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 225

City & State
W. Palm Beach, Fla

Zip
33402

Country
USA

4. FEI Number **65-0658184**

Applied For

☒ **Not Applicable**

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

6. Name and Address of Current Registered Agent

BRYANT, ISA HAMM
2200 N AUSTRALIAN AVE
SUITE 301
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **DS** ☐ **Delete**
NAME **BOHANNON, KENNETH**
STREET ADDRESS **3407 AVENUE VILLANDRY**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **DP** ☐ **Delete**
NAME **BRYANT, ISA HAMM**
STREET ADDRESS **1386 10TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **DV** ☐ **Delete**
NAME **WILSON, CURTIS F**
STREET ADDRESS **21 CROSSING CIRCLE, #A**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **DC** ☐ **Delete**
NAME **ALEXANDER, PERCY**
STREET ADDRESS **9940 BAYWATER DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **PMB** ☐ **Delete**
NAME **LOWE, SHELBY**
STREET ADDRESS **P.O. BOX 9612**
CITY-ST-ZIP **RIVIERA BEACH FL 33419**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ **Change** ☒ **Addition**
NAME **Robert Tiller**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☒ **Addition**
NAME **Robb R. Tiller**
STREET ADDRESS **2121 E. main Street**
CITY-ST-ZIP **Pahokee, FL 33476**

TITLE ☐ **Change** ☒ **Addition**
NAME **Isbet Tiller**
STREET ADDRESS **2121 E. main Street**
CITY-ST-ZIP **Pahokee, FL 33476**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: *Isa Hamm Bryant DP May 1, 2003 (561) 832-6137*

CR2E037 (10/02)