

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 18 1997 8:00am
Secretary of State

DOCUMENT # N96000003512 (8)

1. Corporation Name

EXPANDING AND PRESERVING OUR CULTURAL HERITAGE,
INC.



Principal Place of Business Mailing Address
310 NW 2ND AVE 310 NW 2ND AVE
DELRAY BEACH FL 33444 DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1996		3a. Date of Last Report N/A	
21		26		4. FEI Number 65-06887303		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARRINGTON, VERA
310 NW 2ND AVE
DELRAY BEACH FL 33444

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	-D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRINGTON, VERA	1.2 NAME	Farrington, Vera
STREET ADDRESS	310 NW 2ND AVE	1.3 STREET ADDRESS	310 NW 2nd Ave.
CITY-ST-ZIP	DELRAY BEACH FL 33444	1.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33444
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMPEY, C S	2.2 NAME	Pompey, C.S.
STREET ADDRESS	1122 MARTIN LUTHER KING DR NW	2.3 STREET ADDRESS	1122 Martin Luther King DR. N.W.
CITY-ST-ZIP	DELRAY BEACH FL 33444	2.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33444
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, CLARENCE	3.2 NAME	Vaughan Clarence
STREET ADDRESS	40 NW 4TH AVE	3.3 STREET ADDRESS	40 NW 4th Ave.
CITY-ST-ZIP	DELRAY BEACH FL 33444	3.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33444
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, EUGENE K	4.2 NAME	EUGENE K. Herring
STREET ADDRESS	701 SW 8TH AVE	4.3 STREET ADDRESS	701 SW 8th Ave.
CITY-ST-ZIP	DELRAY BEACH FL 33444	4.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33444
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Carmelita Smith
STREET ADDRESS		5.3 STREET ADDRESS	585 Coral Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	GERR HUDSON
STREET ADDRESS		6.3 STREET ADDRESS	551 Davis Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X SIGNATURE REQUIRED: R. Fanning 8/18/97 561.272.6538

CR2E037 (4/97)