

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 16 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **N96000003512 (8)**

1. Corporation Name

**EXPANDING AND PRESERVING OUR CULTURAL HERITAGE,  
INC.**



Principal Place of Business

Mailing Address

**310 NW 2ND AVE  
DELRAY BEACH FL 33444**

**310 NW 2ND AVE  
DELRAY BEACH FL 33444**

3. Date Incorporated or Qualified

**06/28/1996**

4. FEI Number

**35-0688730**

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**28** Zip

**24** Country

**29** Country

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
- Personal Property Tax due June 30.

☐ Yes ☐ No

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 relistening)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **FARRINGTON, VERA**  
STREET ADDRESS **310 NW 2ND AVE**  
CITY-ST-ZIP **DELRAY BEACH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **POMPEY, C S**  
STREET ADDRESS **1122 MARTIN LUTHER KING DR NW**  
CITY-ST-ZIP **DELRAY BEACH FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **VAUGHAN, CLARENCE**  
STREET ADDRESS **40 NW 4TH AVE**  
CITY-ST-ZIP **DELRAY BEACH FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **VAUGHN, CLARENCE**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE  
NAME **HERRING, EUGENE K**  
STREET ADDRESS **701 SW 8TH AVE**  
CITY-ST-ZIP **DELRAY BEACH FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **DIRECTOR**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SMITH, CARMELIA**  
STREET ADDRESS **585 CORAL WAY**  
CITY-ST-ZIP **DELRAY BEACH FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **SMITH, CARMELITA**  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **HUDSON, GERRI**  
STREET ADDRESS **551 DAVIS RD**  
CITY-ST-ZIP **DELRAY BEACH FL**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **TREASURER**  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

*Vera P. Farrington*

*1/8/98*

CR2E037 (10/97)