

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90093 036 ****61.25

0045044

DOCUMENT # N96000003512

1. Corporation Name

EXPANDING AND PRESERVING OUR CULTURAL HERITAGE,
INC.

Principal Place of Business

310 NW 2ND AVE
DELRAY BEACH FL 33444

Mailing Address

310 NW 2ND AVE
DELRAY BEACH FL 33444



2. Principal Place of Business

21 17 NW 4th Avenue

Suite, Apt. #, etc.

22

City & State

23 Delray Beach, FL

Zip

24 33444

Country

25 USA

2a. Mailing Address

26 P.O. Box 3077

Suite, Apt. #, etc.

27

City & State

28 Delray Beach FL

Zip

29 33444

Country

30 USA

3. Date Incorporated or Qualified

06/28/1996

4. FEI Number

35-0688730

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE

NAME FARRINGTON, VERA

STREET ADDRESS 310 NW 2ND AVE

CITY-ST-ZIP DELRAY BEACH FL

TITLE V ☐ DELETE

NAME POMPEY, C S

STREET ADDRESS 1122 MARTIN LUTHER KING DR NW

CITY-ST-ZIP DELRAY BEACH FL

TITLE V ☐ DELETE

NAME VAUGHN, CLARENCE

STREET ADDRESS 40 NW 4TH AVE

CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ DELETE

NAME HERRING, EUGENE K

STREET ADDRESS 701 SW 8TH AVE

CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ DELETE

NAME SMITH, CARMELITA

STREET ADDRESS 585 CORAL WAY

CITY-ST-ZIP DELRAY BEACH FL

TITLE TR ☐ DELETE

NAME HUDSON, GERRI

STREET ADDRESS 551 DAVIS RD

CITY-ST-ZIP DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE V/D ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE V/D ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE T/D ☐ Change ☒ Addition

6.2 NAME

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)