# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 01, 2004**
**Secretary of State**

DOCUMENT# P03000106080

**Entity Name:** BLACK ATLANTIC MUSEUM OF HISTORY, ART AND CULTURE, INC.

**Current Principal Place of Business:**

P. O. BOX 147
HAWTHORNE, FL 32640

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 147
HAWTHORNE, FL 32640

**New Mailing Address:**

**FEI Number: 73-1691558** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENCEN, GERARD H
201 SE 2ND AVE., SUITE 114
GAINESVILLE, FL 32601

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PV ( ) Delete
Name: OFFUNNIYIN, ADE
Address: P. O. BOX 147
City-St-Zip: HAWTHORNE, FL 32640

Title: V ( ) Delete
Name: OFFUNNIYIN, ABENI J
Address: P. O. BOX 147
City-St-Zip: HAWTHORNE, FL 32640

Title: T ( ) Delete
Name: OFFUNNIYIN, BABABI A
Address: P. O. BOX 147
City-St-Zip: HAWTHORNE, FL 32640

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PV (X) Change ( ) Addition
Name: OFUNNIYIN, ADE A
Address: P. O. BOX 147
City-St-Zip: HAWTHORNE, FL 32640

Title: V (X) Change ( ) Addition
Name: OFUNNIYIN, ABENI J
Address: P. O. BOX 147
City-St-Zip: HAWTHORNE, FL 32640

Title: T (X) Change ( ) Addition
Name: OFUNNIYIN, BABABI A
Address: P. O. BOX 147
City-St-Zip: HAWTHORNE, FL 32640

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADE OFUNNIYIN CEO 09/01/2004

Electronic Signature of Signing Officer or Director Date