2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAD ILLI ON									
DOCUMENT # P03000106080 1. Entity Name BLACK ATLANTIC MUSEUM OF HISTORY, ART AND CULTURE, INC.					FILED 05 OCT -3 AM IO: 16 SECKLINGS TALLAHASSEE, FLORIDA				
Original Place	e of Business		TA'	UNITED ST	1 NIATE				
		Mailing Address	_			ALLAHASSEE ET ABIE.			
P. O. BOX 14	97 E. FL 32640	P. O. BOX 147 HAWTHORNE, FL 32640		ł	,	LOMIDA			
DAMINORUE	., FL 32040	NAMINORNE, PL 32040		50065537					
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2. Principal F	Yace of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		09082005	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Number 73-1691558		├	pplied for	
Zip	Country	Zip Cour			73-109	1556		ot Applicable	
}	.tp Cooliny Zip		Coaraiy		5. Certificate	of Status Desired	\$8.75 Ad		
	6. Name and Address of Currer		7. Name and	Address of New R	<u> </u>				
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A 1 000									
BENCEN.	GERARD H	· · ·	· 1	<u> </u>		<u>inniuif</u>	\		
	201 SE 2ND AVE., SUITE 114				Short Address (D.O. Ost, Abordon in Mar. Adordala)				
GAINESV	ILLE, FL 32601	ŀ	Promising White Programme 18 Not Acceptable / 827 SR 20						
ļ				Hardthorne F1					
			ı	City		, 	FL Zo Coo	le. (🔿	
<u> </u>						· - 526	<u> 40</u>		
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.									
1									
SIGNATURE.	Ace ex				9/6/05				
Signature, typed or proted name of registered again and lide if applicable. (NOTE: Registered Againt signature required when reinstating) DATE									
FILE NOWILL FEE IS \$150.00 Due by September 7, 2005 8. Election Campaign Financing Trust Fund Contribution.					.00 May Be led to Fees	In accordance v corporation did	vith s. 607.193(2)(b), not receive the prior	F.S., the notice.	
10.	OFFICERS AN	D DIRECTORS	11,		ADDITIONS	CHANGES TO GE	CERS AND DIRECTOR	C (N. 11	
TITLE	PV	☐ Delete	TITLE		ADDITIONS	CHANGES TO OFFI	Change		
NAME	OFUNNIYIN, ADE A	C OCCE	NAME	L.			C) Criside	☐ Addillon	
STREET ADDRESS	P. O. BOX 147			T ADDRESS					
CITY-ST-ZP	HAWTHORNE, FL 32640			ST-ZIP					
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STREET ADDRESS	P. O. BOX 147		4	TADDRESS					
CITY-ST-ZIP	HAWTHORNE, FL 32640			ST-ZIP					
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NAME	OFUNNIYIN, BABABI A		TITLE				Change	Addition	
STREET ADDRESS	P. O. BOX 147			T ADDRESS					
CITY-ST-ZIP	HAWTHORNE, FL 32640	-		ST-ZIP			-		
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12. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, 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: Ada Ofun 9/6/05									