

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740791

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC2690962937**

**Entity Name:** THE BLACK ARCHIVES, HISTORY AND RESEARCH  
FOUNDATION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

819 NW 2ND AVEUNUE  
MIAMI, FL 33136

**Current Mailing Address:**

819 NW 2ND AVENUE  
MIAMI, FL 33136 US

**FEI Number: 59-1808272**

**Certificate of Status Desired: No**

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

BARBER, TIMOTHY A  
819 NW 2ND AVEUNUE  
MIAMI, FL 33136 US

*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

**Officer/Director Detail :**

Title CH  
Name CLYNE, RUTH  
Address 5400 NW 22ND AVENUE  
BUILDING C, SUITE 101  
City-State-Zip: MIAMI FL 33142

Title 1VCH  
Name HENRIQUEZ, STEVEN  
Address 819 NW 2ND AVENUE  
City-State-Zip: MIAMI FL 33136

Title TREA  
Name HENRIQUEZ, STEVEN J  
Address 819 NW 2ND AVENUE  
City-State-Zip: MIAMI FL 33136

Title ED  
Name BARBER, TIMOTHY A  
Address 819 NW 2ND AVEUNUE  
City-State-Zip: MIAMI FL 33136

Title EC  
Name FIELDS, DOROTHY JDR.  
Address 819 NW 2ND AVENUE  
City-State-Zip: MIAMI FL 33136

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TIMOTHY A. BARBER**

**EXECUTIVE DIRECTOR**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date