

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740791

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

**FILED**  
**Jun 02, 2021**  
**Secretary of State**  
**2880648276CC**

**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: Yes**

**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	Title	TREA
Name	BRAYNON, PATRICIA	Name	HENRIQUEZ, STEVEN J
Address	819 NW 2 AVENUE	Address	819 NW 2ND AVENUE
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136
Title	ED	Title	EC
Name	BARBER, TIMOTHY A	Name	FIELDS, DOROTHY JDR.
Address	819 NW 2ND AVEUNUE	Address	819 NW 2ND AVENUE
City-State-Zip:	MIAMI FL 33136	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

06/02/2021

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

\_\_\_\_\_  
Date