## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 740791** 

Entity Name: THE BLACK ARCHIVES, HISTORY AND RESEARCH

FOUNDATION OF SOUTH FLORIDA, INC.

## **Current Principal Place of Business:**

5400 NW 22ND AVENUE BUILDING C, SUITE 101 MIAMI, FL 33142

## **Current Mailing Address:**

5400 NW 22ND AVENUE BUILDING C, SUITE 101 MIAMI, FL 33142 US

FEI Number: 59-1808272 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BARBER, TIMOTHY A 5400 NW 22ND AVENUE BLDG C STE 101, BOX 300 MIAMI, FL 33142 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 1VCH

Name CLYNE, RUTH Name REEVES, GARTH CSR

Address 5400 NW 22ND AVENUE Address 5400 NW 22 AVENUE BLDG C STE 101 BUILDING C, SUITE 101

City-State-Zip: MIAMI FL 33142 City-State-Zip: MIAMI FL 33142

Title TREA Title ED

Name HENRIQUEZ, STEVEN J Name BARBER, TIMOTHY A

Address 5400 NW 22 AVENUE BLDG C STE 101 Address 5400 NW 22 AVENUE, BLDG C, STE

101, BOX 30

City-State-Zip: MIAMI FL 33142 City-State-Zip: MIAMI FL 33142

Title EC

Name FIELDS, DOROTHY JDR.

Address 5400 NW 22 AVENUE BLDG C STE 101

City-State-Zip: MIAMI FL 33142

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** 

03/18/2014

FILED Mar 18, 2014

Secretary of State

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