

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

DOCUMENT# N08000010967

**Entity Name:** THE HISTORIC OVERTOWN FOLKLIFE DISTRICT  
IMPROVEMENT ASSOCIATION,INC.

**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC3632234793**

**Current Principal Place of Business:**

235 NW 8TH STREET  
MIAMI, FL 33136

**Current Mailing Address:**

5400 NW 22ND AVENUE  
BLDG.C 101, BOX 300  
MIAMI, FL 33142

**FEI Number: 80-0226042**

**Certificate of Status Desired: Yes**

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

BARBER, TIMOTHY A  
BLACK ARCHIVES  
5400 NW 22ND AVE. BLDG. C 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	C	Title	VC
Name	FIELDS, DOROTHY JPHD	Name	PITTMAN, CLARENCE
Address	819 NW 2ND AVENUE	Address	816 NW 2ND AVENUE
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136

Title T  
Name GOLDSBY, DR. W. DEAN SR.  
Address 235 NW 8TH STREET  
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: GOLDSBY, DR. W. DEAN**

**TREASURER**

**02/25/2015**

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

\_\_\_\_\_  
Date