

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002724

**Entity Name:** CULTURAL HERITAGE CENTER OF SOUTHWEST FLORIDA, INC.

**FILED**  
**May 18, 2020**  
**Secretary of State**  
**6899971445CC**

**Current Principal Place of Business:**

117 HERALD CT. #211  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

117 HERALD CT. #211  
PUNTA GORDA, FL 33950 US

**FEI Number: 82-1261132**

**Certificate of Status Desired: No**

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

THE BLANCHARD HOUSE OF AFRICAN AMERICAN HISTORY & CULTURE OF  
CHARLOTTE COUNTY  
406 DR. MARTIN LUTHER KING JR. BLVD.  
PUNTA GORDA, FL 33950 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: JAHA CUMMINGS**

**05/18/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CUMMINGS, JAHA  
Address 406 DR. MARTIN LUTHER KING JR.  
BLVD.  
City-State-Zip: PUNTA GORDA FL 33950

Title T  
Name BIREDA, MARTHA PH.D.  
Address 406 DR. MARTIN LUTHER KING JR.  
BLVD.  
City-State-Zip: PUNTA GORDA FL 33950

Title VP  
Name USERA, MARINEDA  
Address 19505 QUESADA AVENUE  
City-State-Zip: PORT CHARLOTTE FL 33948

Title S  
Name HINMAN, NEMI  
Address 12330 ALTEZA DRIVE  
City-State-Zip: PUNTA GORDA FL 33955

*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: JAHA CUMMINGS**

**PRESIDENT**

**05/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date