

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004351

Entity Name: MARY S. HARRELL BLACK HERITAGE MUSEUM, INC.

Current Principal Place of Business:

314 N. DUSS STREET
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

314 N. DUSS STREET
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-3340834

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HARRELL, ANN
314 N. DUSS STREET
NEW SMYRNA BEACH, FL 32168 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: ANN HARRELL

04/18/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name HARRELL, ANN
Address 131 MILL SPRING PL
City-State-Zip: ORMOND BEACH FL 32168

Title VC
Name MCMILLAN, JOSEPH
Address 324 N. MYRTLE AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name KOVITCH, ANGIE
Address 314 N. DUSS STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name KOVITCH, JOE
Address 314 N. DUSS STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title SECRETARY
Name HERRING, LINDA E.
Address 919 HUNTER LANE
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name MITCHELL, LESTER
Address 2029 VICTORY PALM DR.
City-State-Zip: EDGEWATER FL 32141

Title DIRECTOR
Name THOMPSON, PAUL
Address 1604 TIMBER PINES COURT
City-State-Zip: DELAND FL 32724

Title TREASURER
Name THOMPSON, ARGENTINA
Address 1604 TIMBER PINES COURT
City-State-Zip: DELAND FL 32724

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: ANN HARRELL

EXECUTIVE DIRECTOR

04/18/2023

Electronic Signature of Signing Officer/Director Detail

Date