2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2017
Secretary of State
CC5643382584

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: No

Name and Address of Current Registered Agent:

HARRELL, JIMMY
453 OAK ST.
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	HARRELL, JIMMY (NMI) DR.
Address	453 OAK ST.
City-State-Zip:	NEW SMYRNA BEACH FL 32168

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

Title	S
Name	KERSHNER, PATRICIA
Address	21 COUNTRY CLUB DR
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	D
Name	DAVIS, LETHA
Address	324 N. MYRTLE AVE.
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	D, CEO
Name	HARRELL, JIMMY
Address	453 OAK ST.
City-State-Zip:	NEW SMYRNA BEACH FL 32168

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

Title	D
Name	BROWN, ALPHONZO
Address	704 HAMILTON
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	TREASURER
Name	KOVITCH, ANGIE
Address	48 FORE DR.
City-State-Zip:	NEW SMYRNA BEACH FL 32168

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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: JIMMY HARRELL EXECUTIVE DIRECTOR 03/16/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	KOVITCH, JOE
Address	48 FORE DR.
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	D
Name	MORRIS, SHERICA "SHY"
Address	201 N. MRYTLE STREET
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	CHAPLAIN
Name	DOVE, JEFFREY REV.
Address	544 SHELDON ST.
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	DIRECTOR
Name	MORGAN, HYACINTH
Address	3543 MIRANO TER.
City-State-Zip:	NEW SMYRNA BEACH FL 32168