

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004351

**FILED**  
**Jan 20, 2013**  
**Secretary of State**  
**CC7377915211**

**Entity Name:** BLACK HERITAGE FESTIVAL OF NEW SMYRNA BEACH, INC.

**Current Principal Place of Business:**

453 OAK ST.  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

453 OAK ST.  
NEW SMYRNA BEACH, FL 32168

**FEI Number: 59-3340834**

**Certificate of Status Desired: Yes**

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

HARRELL, MARY S  
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, MARY S  
Address 453 OAK ST.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

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

Title PD  
Name LAWS, LORENZO  
Address 344 SHELDON ST  
City-State-Zip: NEW SMYRNA BEACH FL 32168

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

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

Title PD  
Name HARRELL, ANN  
Address 131 MILL SPRING PL.  
City-State-Zip: ORMOND BEACH, FL FL 32174

*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**

**DIRECTOR**

**01/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date