

**2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

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:** JIMMY HARRELL

11/17/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
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 S  
Name KERSHNER, PATRICIA  
Address 21 COUNTRY CLUB DR  
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

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

Title CHAPLAIN  
Name JACOBS, REV. BOBBY  
Address 3848 CALLIOPE AVE  
City-State-Zip: PORT ORANGE FL 32129

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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

**DIRECTOR**

11/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HARRELL, JIMMY  
Address        453 OAK STREET  
City-State-Zip: NEW SMYRNA BEACH FL 32168