

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006709

FILED  
May 15, 2009  
Secretary of State

Entity Name: 100 BLACK MEN OF NORTHWEST FLORIDA PANHANDLE, INC

**Current Principal Place of Business:**

139 TRI COUNTY RD  
GRACEVILL, FL 32440

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 571  
GRACEVILLE, FL 32440

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MOULTRIE, GEORGE W  
139 TRI COUNTY RD  
GRACEVILL, FL 32440 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOULTRIE, GEORGE W  
Address: PO BOX 571  
City-St-Zip: GRACEVILLE, FL 32440

Title: P ( ) Delete  
Name: CARR, CHARLIE  
Address: 4920 MCCALL LANE  
City-St-Zip: PANAMA CITY, FL 32404

Title: V ( ) Delete  
Name: GREEN, JIMMIE L  
Address: 2940 DANIELS ST.  
City-St-Zip: MARIANNA, FL 32447

Title: V ( ) Delete  
Name: BELL, MARQUIS  
Address: 4920 MCCALL LANE  
City-St-Zip: PANAMA CITY, FL 32404

Title: V ( ) Delete  
Name: CALTON, BYRON N  
Address: 2205 ANDREWS RD  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GEORGE W MOULTRIE

P

05/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date