


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90265 046 ****70.00

DOCUMENT # N44839
 1. Entity Name
 100 BLACK MEN OF PENSACOLA, INC.



Principal Place of Business
 514 N. DEVILLIERS ST.
 PENSACOLA, FL 32501 US

Mailing Address
 P. O. BOX 18536
 PENSACOLA, FL 32523 US

2. Principal Place of Business Suite, Apt. #, etc.:
 3. Mailing Address Suite, Apt. #, etc.:

City & State Zip Country City & State Zip Country



04192004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3068740 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GANT, FREDERICK JEROME
 322 WEST CERVANTES STREET
 PENSACOLA, FL 32503

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BYRD, WILLIAM E 2550 N 15TH AVE PENSACOLA, FL 32503 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORVEY, ELVIN 1770 EAST BAARS STREET PENSACOLA, FL 32503 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TICE, RALPH 559 TALLOW TREE DR PENSACOLA, FL 32506 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HORTON, SAMUEL A 656 WYNNEHURST ST PENSACOLA, FL 32503 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKENZIE, GERALD P O BOX 1542 PENSACOLA, FL 32597 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANT, FREDERICK PARL. 849 MAPLEWOOD CIR PENSACOLA, FL 32597 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Samuel A. Horton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 861 Wynnehurst ST Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel A. Horton Samuel A. Horton 4/25/04 Date Daytime Phone # (850) 452-4767 24427