


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90381 024 \*\*\*\*70.00

<b>DOCUMENT # N44839</b>					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3068740	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GANT, FREDERICK JEROME 322 WEST CERVANTES STREET PENSACOLA, FL 32503			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BYRD, WILLIAM E	NAME			
STREET ADDRESS	2550 N 15TH AVE	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCORVEY, ELVIN	NAME			
STREET ADDRESS	1770 EAST BAARS STREET	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TICE, RALPH	NAME			
STREET ADDRESS	559 TALLOW TREE DR	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32506	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORTON, SAMUEL A	NAME	TD Samuel A. Horton		
STREET ADDRESS	861 WYNNCHURST ST	STREET ADDRESS	1020 Palisade Rd		
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP	Pensacola, FL 32504		
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKENZIE, GERALD	NAME			
STREET ADDRESS	P O BOX 1542	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32597	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GANT, FREDERICK PARL.	NAME			
STREET ADDRESS	849 MAPLEWOOD CIR	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32597	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Samuel A. Horton</i>		Date: 4/28/06		Daytime Phone #: 850 452-3132	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					