


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90411 046 \*\*\*\*70.00

<b>DOCUMENT # N44839</b>	
1. Entity Name 100 BLACK MEN OF PENSACOLA, INC.	

Principal Place of Business 544 N. DEVILLERS ST. 1019 W BELMONT ST PENSACOLA, FL 32501 US	Mailing Address P. O. BOX 18536 PENSACOLA, FL 32523 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04262007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3068740	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>GANT, FREDERICK JEROME</b> 322 WEST CERVANTES STREET PENSACOLA, FL 32503	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HORTON, SAMUEL . A		NAME	
STREET ADDRESS 1020 PALISADE RFD		STREET ADDRESS	
CITY-ST-ZIP PENSACOLA, FL 32504		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	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Reel Lee Date: April 27, 2007 Daytime Phone #: 850 456 9405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR