

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44839** (1)

1. Corporation Name
100 BLACK MEN OF PENSACOLA, INC.



Principal Place of Business: **117 W. GARDEN STREET STE. #202 PENSACOLA FL 32501 US**
Mailing Address: **P. O. BOX 18536 PENSACOLA FL 32523-8536 US**

3. Date Incorporated or Qualified: **08/26/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **521 W. CERVANTES ST.**
22 Suite, Apt. #, etc.
23 **PENSACOLA, FL**
24 **32501**
25 **USA**
26 **P.O. Box 18536**
27 Suite, Apt. #, etc.
28 **PENSACOLA FL**
29 **32523**
30 **USA**

4. FEI Number: **59-3068740**
Applied For:
Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	GEORGE A. STIELL, SR
NAME	BYRD, WILLIAM E	2 NAME	EXECUTIVE DIRECTOR
STREET ADDRESS	1001 CHAVERS ST.	1.3 STREET ADDRESS	2727 BAYOU BLVD
CITY-ST-ZIP	PENSACOLA FL 32534	1.4 CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	PEO	21 TITLE	PRESIDENT FLOTT
NAME	DARDEN, OLIVER	22 NAME	ELVIN MCCORVEY
STREET ADDRESS	4184 MADURA RD.	2.3 STREET ADDRESS	1770 EAST BARS Street
CITY-ST-ZIP	GULF BREEZE FL 32561	2.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	SD	31 TITLE	TREASURER
NAME	HODGES, ELLIS E	32 NAME	HOWARD RASHEED
STREET ADDRESS	4475 CESSNOCK DR.	3.3 STREET ADDRESS	4411 Piedmont Road
CITY-ST-ZIP	PENSACOLA FL 32514	3.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	TD	4.1 TITLE	DIRECTOR
NAME	JONES, ELBERT JR	4.2 NAME	WILLIE BILUNSON
STREET ADDRESS	324 W. STRONG ST.	4.3 STREET ADDRESS	2830 Magnolia Avenue
CITY-ST-ZIP	PENSACOLA FL 32501	4.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	SD	5.1 TITLE	DIRECTOR
NAME	THOMAS, RICHARD JR	5.2 NAME	LINWOOD HARRIS
STREET ADDRESS	474 MAN O WAR CIRCLE	5.3 STREET ADDRESS	3002 Knotty Pine Drive
CITY-ST-ZIP	CANTONMENT FL 32533	5.4 CITY-ST-ZIP	Pensacola, FL 32505
TITLE	D	6.1 TITLE	
NAME	HORTON, SAMUEL A	6.2 NAME	
STREET ADDRESS	550 WYNNEHURST ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ellis E. Hodges APRIL 25, 1996 (904) 484-2160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)