

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44839

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC5937315029**

**Entity Name:** 100 BLACK MEN OF PENSACOLA, INC.

**Current Principal Place of Business:**

1020 PALISADES RD.  
PENSACOLA, FL 32504

**Current Mailing Address:**

P. O. BOX 18536  
PENSACOLA, FL 32523 US

**FEI Number:** 59-3068740

**Certificate of Status Desired:** Yes

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

DAGGS, LEON JR.  
830 WEEDEN ISLAND DRIVE  
NICEVILLE, FL 32578 US

*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:** LEON DAGGS JR.

04/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SEARCY, ARTHUR  
Address 916 W. MICHIGAN AVE., SUITE E  
City-State-Zip: PENSACOLA FL 32505

Title VD  
Name DAGGS, LEON JR.  
Address 830 WEEDEN ISLAND DRIVE  
City-State-Zip: NICEVILLE FL 32578

Title PD  
Name HORTON, SAMUEL A.  
Address 1020 PALISADES RD  
City-State-Zip: PENSACOLA FL 32504-7923

Title TD  
Name SMITH, PATRICK  
Address 1701 W. GARDEN STREET  
City-State-Zip: PENSACOLA FL 32502

Title D  
Name RANDALL, NEAL JR.  
Address 8445 TIPPIN AVE.  
City-State-Zip: PENSACOLA FL 32514

Title SD  
Name WIGGINS, DELARIAN  
Address 222 N "P" STREET  
City-State-Zip: PENSACOLA FL 32501

*I hereby 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 all other like empowered.*

**SIGNATURE:** SAMUEL A. HORTON, III

PD

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date