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Feb 26 1997 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

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 Mailing Address  
521 W. CERVANTES ST.  
PENSACOLA FL 32501  
US  
P. O. BOX 18536  
PENSACOLA FL 32523-8536  
US

3. Date Incorporated or Qualified 08/26/1991  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country  
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	BYRD, WILLIAM E	1.2 NAME	Byrd, William E.
STREET ADDRESS	1001 CHAVERS ST.	1.3 STREET ADDRESS	2550 N. 1ST AVE.
CITY-ST-ZIP	PENSACOLA FL 32534	1.4 CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	PE	2.1 TITLE	PD
NAME	MCCORVEY, ELVIN	2.2 NAME	MCCORVEY, ELVIN
STREET ADDRESS	1770 EAST BAARS STREET	2.3 STREET ADDRESS	1770 EAST BAARS STREET
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FL
TITLE	SD	3.1 TITLE	
NAME	HODGES, ELLIS E	3.2 NAME	
STREET ADDRESS	4475 CESSNOCK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	T
NAME	BRUNSON, WILLIE	4.2 NAME	RALPH, HOWARD
STREET ADDRESS	2830 MAGNOLIA AVENUE	4.3 STREET ADDRESS	4411 PIEDMONT ROAD
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D	5.1 TITLE	M - EXECUTIVE DIRECTOR
NAME	HARRIS, LINWOOD	5.2 NAME	STIELY, GEORGE A., SR
STREET ADDRESS	3008 KNOTTY PINES DRIVE	5.3 STREET ADDRESS	418 EAST FISHER ST.
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA, FL 32503
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: George A. Stiely, Sr. EXECUTIVE DIRECTOR 1-31-97 438-3877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073204

CR2E037 (9/96)