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NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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100 BLACK MEN OF PENSACOLA, INC.

FILED Jun 04 1998 8:00am Secretary of State

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PRISACOLA FL 32501 PRISACOLA FL 32523 US	Principal Place of Business Mailing Address						AHALI AJOH AJEH	OLDII OLDII IBOL
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21 1805 N Sixth Avenue 28 Suite, Apt. #, etc. Suite, A	!					59-3068740		
Suite, Apt. #, etc.	h					5. Certificate of Status Desired		
27 City & State								
25 Pensacola	27					· · · · · · · · · · · · · · · · · · ·		
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24 3 2 5 0 3 25 US 29 30 Personal Property Tax due June 30 Personal Proper				Count				
GANT, FREDERICK JEROME 322 WEST CERVANTES STREET PENSACOLA FL 32503 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 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIgnature, types or printed name of registered agent and stell applicable. (NOTE Registered Agent agreed when rendating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE D DELETE 1.1 TILE D DELETE 1.2 NAME SIRRET ADDRESS 2.550 N 15Th AVE PENSACOLA FL TO DELETE 2.1 SIRRET ADDRESS TYO EAST BAARS STREET PENSACOLA FL 1.2 NAME STREET ADDRESS TYO EAST BAARS STREET PENSACOLA FL 1.3 STREET ADDRESS TYO EAST BAARS STREET 2.3 STREET ADDRESS TYO EAST BAARS STREET PENSACOLA FL 3.3 STREET ADDRESS	├ ─ `			—	This corporation area or that paid the content year			
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322 WEST CERVANTES STREET PENSACOLA FL 32503 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 are minimal with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signative, typed or profiled name of registered agent and title if applicable (NOTE Registered Agent signature required when remutating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 11. TITLE D Change Addition MAME BYRD, WILLIAM E STREET ADDRESS 2550 N 15TH AVE CITY-SI-ZIP TITLE PD DELETE 21. TITLE DELETE 21. TITLE Change Addition MAME MCCORVEY, ELVN 22. NAME STREET ADDRESS CITY-SI-ZIP TITLE PD DELETE 21. TITLE Change Addition MAME STREET ADDRESS CITY-SI-ZIP TITLE SD Addition MAME HODGES, ELUS E 31. TITLE SS Change Addition Addition MAME STREET ADDRESS				8	1 Name			
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NAME HORTON, SAMUEL A 62 NAME	1			6.2 NAM	E			
STREET ADDRESS 550 WYNNEHURST ST. 6.3 STREET ADDRESS	[i i			
CITY-ST-ZIP PENSACOLA FL 32503 6.4 CITY-ST-ZIP 14. I bereby certify that the information supplied with this fillion does not qualify for the examplion stated in Section 119 07/3/(i) Florida Statutes. I further certify that the information	1 CITY OF 710	PENSACCHA EL 32503		6.4 CITY	- ST - 71P			

Indicated on this annual report or supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 address.