


FILE NOW: FILING FEE IS \$61.25

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90144 001 ****61.25

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CR2E037 (11/98)

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44839

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

Principal Place of Business 1805 N SIXTH AVE PENSACOLA FL 32503 US	Mailing Address P. O. BOX 18536 PENSACOLA FL 32523 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/26/1991
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3068740
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25.	30.	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GANT, FREDERICK JEROME 322 WEST CERVANTES STREET PENSACOLA FL 32503		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, WILLIAM E	1.2 NAME	BYRD, WILLIAM E.
STREET ADDRESS	2550 N 15TH AVE	1.3 STREET ADDRESS	2550 N. 15th AVENUE
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 32503
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGES, ELLIS E	3.2 NAME	TICE, RALPH
STREET ADDRESS	4475 CESSNOCK DR.	3.3 STREET ADDRESS	559 TALLOW TREE DRIVE
CITY-ST-ZIP	PENSACOLA FL 32514	3.4 CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, SAMUEL A	4.2 NAME	HORTON, SAMUEL A.
STREET ADDRESS	550 WYNEHURST ST.	4.3 STREET ADDRESS	550 WYNEHURST ST.
CITY-ST-ZIP	PENSACOLA FL 32503	4.4 CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 with all other like empowered.

SIGNATURE: *Samuel A. Horton* **REQUIRED** 4/28/99 432-3636
Signature and typed or printed name of signing officer or director Date Daytime Phone #