

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 16:15

DOCUMENT # *N 45307*

1. Corporation Name

100 BLACK MEN OF JACKSONVILLE, INC.

800001504388
-05/02/95--01026--017
*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1722 Davis Street Post Office Box 2065
Jacksonville, FL 32209 Jacksonville, FL 32203

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 County 25 Zip 28 County 29 Zip 30 County

3. Date Incorporated or Qualified 09/25/91 3a. Date of Last Report Unknown
4. FEI Number 59 3190565 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Alvin Blount
82 Street Address (P.O. Box Number is Not Acceptable) 1722 Davis Street
83
84 City Jacksonville FL 85 Zip Code 32244

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Alvin Blount*

4/28/95

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	Levi H. McIntosh, Jr. "D"
STREET ADDRESS		13 STREET ADDRESS	P. O. Box 43512 (N/A)
CITY - ST - ZIP		14 CITY - ST - ZIP	Jacksonville, FL 32203
TITLE		21 TITLE	President Elect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	Marion Graham "D"
STREET ADDRESS		23 STREET ADDRESS	6375 Whispering Oak Drive
CITY - ST - ZIP		24 CITY - ST - ZIP	Jacksonville, FL 32211
TITLE		31 TITLE	Vice President Finance <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	Herschel B. Jackson "D"
STREET ADDRESS		33 STREET ADDRESS	6123 Townsend Road
CITY - ST - ZIP		34 CITY - ST - ZIP	Jacksonville, FL 32244
TITLE		41 TITLE	Vice President Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	John Stewart "D"
STREET ADDRESS		43 STREET ADDRESS	3303 Madge Street
CITY - ST - ZIP		44 CITY - ST - ZIP	Jacksonville, FL 32209
TITLE		51 TITLE	Vice President Program <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	Murray Ervin "D"
STREET ADDRESS		53 STREET ADDRESS	7572 Glenn Abbey Place
CITY - ST - ZIP		54 CITY - ST - ZIP	Jacksonville, FL 32256
TITLE		61 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	Leroy R. Way "D"
STREET ADDRESS		63 STREET ADDRESS	2760 Safershelter Dr W.
CITY - ST - ZIP		64 CITY - ST - ZIP	Jacksonville, FL 32225

REMITTED BY MAY 1

TLS 5/26/95

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 110.07(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 the 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: *Herschel B. Jackson* HERSCHEL B. JACKSON April 28, 1995 904/778-4461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR