2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Sep 01, 2004 8:00 am Secretary of State **DOCUMENT # N45307** 09-01-2004 90008 021 ****61.25 1. Entity Name 100 BLACK MEN OF JACKSONVILLE, FLORIDA, INC. Principal Place of Business Mailing Address POST OFFICE BOX 2065 1336 W. EDGEWOOD AVE. US JACKSONVILLE, FL 32203 JACKSONVILLE, FL 32208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082004 Cha-NP CR2E037 (10/03) City & State Applied For City & State 4. FEI Number 59-3190565 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINNIX, KENNETH M Street Address (P.O. Box Number is Not Acceptable) 1336 W EDGEWOOD JACKSONVILLE, FL 33208 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD ☐ Addition TITLE Delete TITLE PINNIX, KENNETH M NAME NARAF STREET ADDRESS 5465 RIVERTON RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277 CITY-ST-ZIP Vice President of Programs VPOD ☐ Delete TITLE TITLE TYSON, RICHARD L JR NAME NAME STREET ADDRESS 1000 BROWARD RD, APT #808 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32218 CITY-ST-ZIP Via Product of Developme Dennis Smith 12844 Isleworth, Jax F1 3 VPPD Delete TITLE TITLE ☐ Addition NAME WOODEN, MELVIN A NAME 1219 MAYPORT LANDING DRIVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32233 CITY-ST-ZIP Vice President of Operations ☐ Change Addition VPDD TITLE TITLE Delete HOLMES, DONALD NAME NAME Levi McIntosh JR 3740 WEXFORD HOLLOW RD. EAST STREET ADDRESS STREET ADDRESS PO BOX 43512 CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition DILE EZIEMEFE, GODSKOVE MARKET NASAF STREET ADDRESS 1726 RYAR RD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like

SIGNATURE:

904-924-2545

FILED