

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45307

FILED
Jun 06, 2005
Secretary of State

Entity Name: 100 BLACK MEN OF JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:

1336 W. EDGEWOOD AVE.
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2065
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-3190565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PINNIX, KENNETH M
1336 W EDGEWOOD
JACKSONVILLE, FL 33208 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PINNIX, KENNETH M
Address: 5465 RIVERTON RD
City-St-Zip: JACKSONVILLE, FL 32277

Title: VPOP () Delete
Name: TYSON, RICHARD L JR
Address: 1000 BROWARD RD, APT #808
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPOD () Delete
Name: SMITH, DENNIS
Address: 12844 ISLEWORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPOO () Delete
Name: MCINTOSH, LEVI JR
Address: P.O. BOX 43512
City-St-Zip: JACKSONVILLE, FL 32203

Title: VPF () Delete
Name: EZIEMEFE, GODSKOVE
Address: 1726 RYAR RD.
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH PINNIX

_____ Electronic Signature of Signing Officer or Director

MR

06/06/2005

_____ Date