

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45307

FILED
Apr 30, 2009
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 ()

Name and Address of Current Registered Agent:

PINNIX, KENNETH M MR.
1336 W. EDGEWOOD AVENUE
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: PORTER, ROBERT E
Address: 1336 W. EDGEWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: VPOP () Delete
Name: WOODEN, MELVIN
Address: 1336 W. EDGEWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: VPOD () Delete
Name: PINNIX, KENNETH M
Address: 1336 W. EDGEWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: VPOO () Delete
Name: MCINTOSH, LEVI H JR
Address: P.O. BOX 2065
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: VPF () Delete
Name: WILKERSON, CLARENCE
Address: 1336 W. EDGEWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: SEC () Delete
Name: LITTLE, JAMES
Address: 1336 W. EDGEWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32208 US

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: VPOO (X) Change () Addition
Name: MCINTOSH, LEVI H JR
Address: 1336 WEST EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32203 US

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 exemption stated in Chapter 119, 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 M. PINNIX

Electronic Signature of Signing Officer or Director

VPOD

04/30/2009

Date