

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45307

**FILED**  
**Feb 14, 2013**  
**Secretary of State**  
**CC2785169374**

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

**Current Principal Place of Business:**

1336 W. EDGEWOOD AVE.  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

POST OFFICE BOX 2065  
JACKSONVILLE, FL 32203

**FEI Number:** 59-3190565

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:** KENNETH M. PINNIX

02/14/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRIGGS, CHARLES  
Address        1336 W. EDGEWOOD AVE.  
City-State-Zip: JACKSONVILLE FL 32208

Title            VP OF PROGRAMS  
Name            DEVAUGHN, TILLIS  
Address        1336 W. EDGEWOOD AVE.  
City-State-Zip: JACKSONVILLE FL 32208

Title            VP OF DEVELOPMENT  
Name            PINNIX, KENNETH M  
Address        1336 W. EDGEWOOD AVE.  
City-State-Zip: JACKSONVILLE FL 32208

Title            VP OF OPERATIONS  
Name            RAINES, THOMAS  
Address        1336 WEST EDGEWOOD AVENUE  
City-State-Zip: JACKSONVILLE FL 32203

Title            VP OF FINANCE  
Name            CUMMINS, ROBERT L  
Address        1336 W. EDGEWOOD AVE.  
City-State-Zip: JACKSONVILLE FL 32208

Title            SECRETARY  
Name            KENNEDY, STEPHEN  
Address        1336 W. EDGEWOOD AVE.  
City-State-Zip: JACKSONVILLE FL 32208

*I hereby 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 all other like empowered.*

**SIGNATURE:** KENNETH M. PINNIX

VP OF DEVELOPMENT

02/14/2013

Electronic Signature of Signing Officer/Director Detail

Date