

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N45307** (8)

1. Corporation Name

**100 BLACK MEN OF JACKSONVILLE, FLORIDA, INC.**



Principal Place of Business

Mailing Address

1722 DAVIS ST  
JACKSONVILLE FL 32209

POST OFFICE BOX 2065  
JACKSONVILLE FL 32203

3. Date Incorporated or Qualified  
**09/25/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLOUNT, ALVIN**  
1722 DAVIS ST  
JACKSONVILLE FL 32209

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCINTOSH, LEVI H	
STREET ADDRESS	P.O. BOX 43512 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	GRAHAM, MARION	
STREET ADDRESS	6375 WHISPERING OAK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VPPD	<input type="checkbox"/> DELETE
NAME	JACKSON, HERSCHEL B	
STREET ADDRESS	6123 TOWNSEND ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VPPD	<input type="checkbox"/> DELETE
NAME	STEWART, JOHN	
STREET ADDRESS	3303 MADGE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	VPPD	<input type="checkbox"/> DELETE
NAME	MURRAY, ERVIN	
STREET ADDRESS	7572 GLENN ABBEY PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WAY, LEROY R	
STREET ADDRESS	2780 SAFERSHELTER DR. W.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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 this 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: *Alvin Blount* *V P Finance* 1/25/96 904/633-8637  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)