

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N45307 (8)**

1. Corporation Name  
**100 BLACK MEN OF JACKSONVILLE, FLORIDA, INC.**

Principal Place of Business <b>1722 DAVIS ST JACKSONVILLE FL 32209</b>	Mailing Address <b>POST OFFICE BOX 2065 JACKSONVILLE FL 32203</b>
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97 OCT -6 PM 3:00

SECRETARY OF STATE  
FLORIDA



<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>30</b> Country

DO NOT WRITE IN THIS SPACE

<b>3</b> Date Incorporated or Qualified <b>09/25/1991</b>	<b>3a</b> Date of Last Report <b>02/01/1996</b>
<b>4</b> FEI Number <b>59-3190565</b>	Applied For Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>Gene Dillard</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>5592 Norwood Ave</b>
<b>83</b> City <b>Jacksonville</b>
<b>84</b> Zip Code <b>FL 32208</b>

**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 Gene Dillard DATE 9/22/97

(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	NAME <b>MCINTOSH, LEVI H</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>P.O. BOX 43512 N/A</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32203</b>	
TITLE <b>PED</b>	NAME <b>GRAHAM, MARION</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>6375 WHISPERING OAK DRIVE</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32211</b>	
TITLE <b>VPPD</b>	NAME <b>JACKSON, HERSCHEL B</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>6123 TOWNSEND ROAD</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32244</b>	
TITLE <b>VPMD</b>	NAME <b>STEWART, JOHN</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>3303 MADGE STREET</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32209</b>	
TITLE <b>VPPD</b>	NAME <b>MURRAY, ERVIN</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>7572 GLENN ABBEY PLACE</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32258</b>	
TITLE <b>TD</b>	NAME <b>WAY, LEROY R</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>2780 SAFERSHELTER DR. W.</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32225</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Marion Graham, Jr.</b>	"D"
1.3 STREET ADDRESS <b>6375 Whispering Oak Dr.</b>	
1.4 CITY-ST-ZIP <b>Jax, FL 32211</b>	
2.1 TITLE <b>Vice Pres. Operations</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Karl Smith</b>	"D"
2.3 STREET ADDRESS <b>12907 Oakland Hills Ct.</b>	
2.4 CITY-ST-ZIP <b>Jax, Fl. 32225</b>	
3.1 TITLE <b>Vice Pres. Programs</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Clifton Coleman</b>	"D"
3.3 STREET ADDRESS <b>12542 Mission Hills Dr. So.</b>	
3.4 CITY-ST-ZIP <b>Jax, Fl. 32225</b>	
4.1 TITLE <b>Vice Pres. Dev.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Roosevelt Paige</b>	
4.3 STREET ADDRESS <b>2666 Shannon St.</b>	
4.4 CITY-ST-ZIP <b>Orange Park, Fl. 32065</b>	
5.1 TITLE <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Gene Dillard</b>	
5.3 STREET ADDRESS <b>8483 Country Crk. Blvd.</b>	
5.4 CITY-ST-ZIP <b>Jax, Fl. 32221</b>	
6.1 TITLE <b>Vice Pres. Finance</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>Ken Darby</b>	"D"
6.3 STREET ADDRESS <b>4012 Richnond Pk. Dr. E.</b>	
6.4 CITY-ST-ZIP <b>Jax, Fl. 32224</b>	

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 my address.**

SIGNATURE Gene Dillard DATE 9/22/97 (906) 494-7715

CR2E037 (4/97)