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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N45307

1. Corporation Name

100 BLACK MEN OF JACKSONVILLE, FLORIDA, INC.

Principal Place of Business

5592 NORWOOD AVE
 JACKSONVILLE FL 32208
 US

Mailing Address

POST OFFICE BOX 2065
 JACKSONVILLE FL 32208



2. Principal Place of Business

21 1336 W. Edgewood Ave

22 Suite, Apt. #, etc.

23 City & State
 Jacksonville, FL

24 Zip 32208 25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/25/1991

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

9. Name and Address of Current Registered Agent

DILLARD, GENE
 5592 NORWOOD AVE.
 JACKSONVILLE FL 33208

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
 1336 W. Edgewood

83

84 City Jacksonville FL 85 Zip Code 32208

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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME GRAHAM, MARION H JR.
 STREET ADDRESS 6375 WHISPERING OAK DR.
 CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE VPOD DELETE
 NAME SMITH, KARL
 STREET ADDRESS 12907 OAKLAND HILLS CT.
 CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE VPPD DELETE
 NAME COLEMAN, CLIFTON
 STREET ADDRESS 12542 MISSION HILLS DR. SO.
 CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE VPDD DELETE
 NAME PAIGE, ROOSEVELT
 STREET ADDRESS 2666 SHANNON ST.
 CITY-ST-ZIP ORANGE PARK FL 32065

TITLE S DELETE
 NAME DILLARD, GENE
 STREET ADDRESS 8483 COUNTRY CRK. BLVD.
 CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE VPF DELETE
 NAME YOKLEY, JR. H
 STREET ADDRESS 1223 TURTLE CREEK DR
 CITY-ST-ZIP JACKSONVILLE FL 32218

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE FD Change Addition
 1.2 NAME Kenneth M. Pinnix
 1.3 STREET ADDRESS 5465 Riverton Rd
 1.4 CITY-ST-ZIP Jacksonville, FL 32277

2.1 TITLE VPOD Change Addition
 2.2 NAME Richard L. Tyson, Jr.
 2.3 STREET ADDRESS 1000 Broward Road, APT 808
 2.4 CITY-ST-ZIP Jacksonville, FL 32218

3.1 TITLE VPPD Change Addition
 3.2 NAME Benny Moore
 3.3 STREET ADDRESS 12677 Biscayne Lake Drive
 3.4 CITY-ST-ZIP Jacksonville, FL 32218

4.1 TITLE VPDD Change Addition
 4.2 NAME Doug Brown
 4.3 STREET ADDRESS 6720 Rhode Island Drive East
 4.4 CITY-ST-ZIP Jacksonville, FL 32209

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 an officer 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, with a power of attorney.

SIGNATURE:

Gene Dillard, Chapter Secretary

4/22/99

904/9242545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)