2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 12, 2003 8:00 am **Secretary of State DOCUMENT # N45307** 05-12-2003 90217 050 ****61.25 100 BLACK MEN OF JACKSONVILLE, FLORIDA, INC. Principal Place of Business Mailing Address 1336 W EDGEWOOD AVENUE POST OFFICE BOX 2065 JACKSONVILLE FL 32208 JACKSONVILLE FL 32203 Mailing Address 2. Principal Place of Business 1336 W. EDGEWOOD AVE Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3190565 City & State A/KSON VIUE Applied For GONVILLE FLORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent INNU. -- DILLARD, GENE---PO Box Nurober is Not Acceptable) UE. 1335 W EDGEWOOD -JACKSONVILLE FL-33200 ACKSONVILLE 8. 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. I am familiar with, and accept SIGNATURE 43IDENT (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition PINNIX, KENNETH M NAME NAME STREET ADDRESS STREET ADDRESS 5465 RIVERTON RD CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32277 Delete **VPOD** Change TITLE TITLE ☐ Addition TYSON, RICHARD L JR NAME NAME STREET ADDRESS 1000 BROWARD RD, APT #808 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete ☐ Change ☐ Addition TITLE TITLE WOODEN, MELVIN A NAME NAME STREET ADDRESS 1219 MAYPORT LANDING DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32233 TITLE vpdd ☐ Delete TITLE ☐ Addition ☐ Change HOLMES, DONALD NAME NAME STREET ADDRESS 3740 WEXFORD HOLLOW RD. EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 Delete TITI F TITLE Change ☐ Addition NAME DILLARD, GENE NAME STREET ADDRESS 8483 COUNTRY CRK. BLVD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32221 CITY-ST-ZIP Delete TITLE **VPF** TITLE ☐ Change Addition LOVE EZIEMEFE, GODSIONE NAME YOKLEY, JR. H NAME

JACKSON VILLE, FLORIDA 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

1223 TURTLE CREEK DR

JACKSONVILLE FL 32218

STREET ADDRESS

CITY-ST-ZIP

5-4-03 (904)630-2304

yar Rd.

FILED