

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000001857

1. Entity Name
BLACKAMERICAWEB.COM RELIEF FUND, INC.



Principal Place of Business
**13760 NOEL ROAD, SUITE 750
DALLAS, TX 75240**

Mailing Address
**P.O. BOX 2076
ADDISON, TX 75001-2076**



04102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3392672

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
STE A
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000941960
05/28/08-80127-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM JOYNER, THOMAS E 1321 COTTONWOOD VALLEY CIRCLE NORTH IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCHR JOYNER, OSCAR 540 LAYTON DRIVE COPELL, TX 75019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITHERSPOON, KATRINA 1428 YARDLEY PLACE DESOTO, TX 75115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEST, ROYCE 1305 GREENHILLS COURT DUNCANVILLE, TX 75137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRANNON, JANYCE 4000 PARKSIDE CENTER BLVD. UNIT 703 DALLAS, TX 75244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAZILE, DONNA 804 A STREET NW WASHINGTON, DC 20002

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-36-08

Date

9727891058

Daytime Phone #