FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 2:07

DOCUMENT # **N22165** **(7)**

1. Corporation Name

BLACK FAMILIES OF AMERICA, INC.

Principal Place of Business	Mailing Address
%VERA L. MCINTYRE ROUTE 1, BOX 721 TALLAHASSEE FL 32312	%VERA L. MCINTYRE ROUTE 1, BOX 721 TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1987
3a. Date of Last Report: 07/20/1994
4. FEI Number: 26-7821180 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

MCINTYRE, VERA LYNETTE
ROUTE 1, BOX 721
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MCINTYRE, VERA	12 NAME	McGill, Bill	
STREET ADDRESS	FAIRBANKSFERRY ROAD	13 STREET ADDRESS	438 W Brevard St.	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Tallahassee, Fla. 32304	
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	MCGILL, BILL	22 NAME		
STREET ADDRESS	438 W BREVARD ST.	23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MCINTYRE, LARRY	32 NAME		
STREET ADDRESS	RT 2, BOX 484T	33 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL	34 CITY-ST-ZIP		
TITLE	DS	41 TITLE		☐ Change ☐ Addition
NAME	SMITH, TONY	42 NAME		
STREET ADDRESS	RT 2 BOX 405	43 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ERNESTINE SMITH	52 NAME		
STREET ADDRESS	226 CARVER BLVD.	53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP		
TITLE	DT	61 TITLE		☐ Change ☐ Addition
NAME	JONES, ROBERTA	62 NAME		
STREET ADDRESS	7005 CRYSTAL BROOKS CT.	63 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	64 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: Bill McGill 05/24/95 (904) 222-3043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027819