FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 MAY 15 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 32312-9715

3. Date Incorporated or Qualified: 08/21/1987
3a. Date of Last Report: 06/18/1996

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCGILL, BILL		1.2 NAME	
STREET ADDRESS	438 W BREVARD ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCGILL, BILL		2.2 NAME	
STREET ADDRESS	438 W BREVARD ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCINTYRE, LARRY		3.2 NAME	
STREET ADDRESS	RT 2, BOX 484T		3.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL		3.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HAYES, SHARICA		4.2 NAME	
STREET ADDRESS	RTE. 1, BOX 721		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HACKLEY, BERNICE		5.2 NAME	
STREET ADDRESS	RTE. 2, BOX 484T		5.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL		5.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, TONY		6.2 NAME	
STREET ADDRESS	RTE. 2, BOX 408		6.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL		6.4 CITY-ST-ZIP	

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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 an address.

SIGNATURE: Bill McGill 5-15-97