

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001857

**Entity Name:** BLACKAMERICAWEB.COM RELIEF FUND, INC.**Current Principal Place of Business:**13760 NOEL ROAD, SUITE 750  
DALLAS, TX 75240**Current Mailing Address:**13760 NOEL ROAD, SUITE 750  
DALLAS, TX 75240**FEI Number:** 20-3392672**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
STE A  
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |  |
|-----------------|--|
| Title           | CHRM                                   |
| Name            | JOYNER, THOMAS E                       |
| Address         | 1321 COTTONWOOD VALLEY CIRCLE<br>NORTH |
| City-State-Zip: | IRVING TX 75038                        |

|                 |                       |
|-----------------|-----------------------|
| Title           | S                     |
| Name            | WEST, ROYCE           |
| Address         | 1305 GREENHILLS COURT |
| City-State-Zip: | DUNCANVILLE TX 75137  |

|                 |                          |
|-----------------|--------------------------|
| Title           | VCHP                     |
| Name            | JOYNER, OSCAR            |
| Address         | 540 LAYTON DRIVE         |
| City-State-Zip: | COPPELL TX 75019         |
| Title           | T                        |
| Name            | BRANNON, JANYCE          |
| Address         | 8030 FRANKFORD ROAD #429 |
| City-State-Zip: | DALLAS TX 75252          |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** THOMAS JOYNER

PRESIDENT

04/23/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date