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**Apr 14, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 856275**

1. Corporation Name

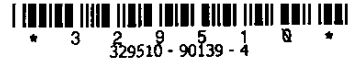
**THE UNITED BLACK FUND OF AMERICA, INC.**

Principal Place of Business

1101 14TH ST NW  
 STE 600  
 WASHINGTON DC 20005-3462  
 US

Mailing Address

1101 14TH ST NW  
 STE 600  
 WASHINGTON DC 20005-3462  
 US



2. Principal Place of Business

21 2500 Martin Luther

~~XXXXXX~~

22 King, Jr. Ave., S.E.

City & State

23 Washington, D.C.

Zip Country

24 20020 25 USA

2a. Mailing Address

26 P.O. Box 7051

Suite, Apt. #, etc.

27

City & State

28 Washington, D.C.

Zip Country

29 20032 30 USA

3. Date Incorporated or Qualified

04/27/1983

4. FEI Number

23-7067271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing ☐

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

9. Name and Address of Current Registered Agent

CHERRY, CHARLES  
 429 S CAMPBELL (PO BOX 1110-32015)  
 DAYTONA BEACH FL 32014

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

TITLE ☐ DELETE  
 NAME CD  
 STREET ADDRESS RUTLEDGE, PHILIP J.  
 CITY-ST-ZIP 835 PARK CENTRAL DRIVE NORTH  
 IDIANAPOLIS IA 46260

TITLE ☐ DELETE  
 NAME PD  
 STREET ADDRESS ROLARK, WILHELMINA J  
 CITY-ST-ZIP 524 FOXHALL PLACE, S.E.  
 WASHINGTON, D.C. 20032

TITLE ☐ DELETE  
 NAME V  
 STREET ADDRESS MOONE, JAMES C.  
 CITY-ST-ZIP 1204 PATOMAC VALLEY ROAD  
 ROCKVILLE MD

TITLE ☐ DELETE  
 NAME T  
 STREET ADDRESS MATHEWS, FRED  
 CITY-ST-ZIP 1240 4TH STREET, N.W.  
 WASHINGTON DC

TITLE ☐ DELETE  
 NAME S  
 STREET ADDRESS DAVILA, JOYCE S  
 CITY-ST-ZIP 5904 M EAGLE DR., #710  
 ALEXANDRIA VA

TITLE ☐ DELETE  
 NAME D  
 STREET ADDRESS SHIRLEY, JEFFERSON  
 CITY-ST-ZIP 4421 BLAINE STREET, N.E.  
 WASHINGTON DC 20019

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition  
 1.2 NAME Dr. Samuel Cornelius  
 1.3 STREET ADDRESS 3000 Courtside Road  
 1.4 CITY-ST-ZIP Mitchelville, Md. 20716

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE V ☒ Change ☐ Addition  
 3.2 NAME Rev. Ronald K. Austin  
 3.3 STREET ADDRESS 1609 Madison Street N. W.  
 3.4 CITY-ST-ZIP Washington, D.C. 20011

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE S ☒ Change ☐ Addition  
 5.2 NAME Davila, Joyce S.  
 5.3 STREET ADDRESS 535 Kerby Parkway  
 5.4 CITY-ST-ZIP Fort Washington, Md. 20744

6.1 TITLE ☒ Change ☐ Addition  
 6.2 NAME Shirley A. Jefferson, Esq.  
 6.3 STREET ADDRESS 4424 Blaine St., N.E.  
 6.4 CITY-ST-ZIP Washington, D.C. 20019

14. 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 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, with all other like empowered.

SIGNATURE:

*Wilhelmina J. Rutledge*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)