

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 856275

1. Entity Name
THE UNITED BLACK FUND OF AMERICA, INC.



Principal Place of Business
**2500 MARTIN LUTHER KING JR AVE SE
WASHINGTON, DC 20020 US**

Mailing Address
**PO BOX 7051
WASHINGTON, DC 20032 US**



01222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7067271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000054689
02/17/04-80005-016 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CORNELIUS, SAMUEL DR
7503 BUCHANAN ST., #106
LANDOVER HILLS, MD 20784**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AUSTIN, RONALD K REV
1609 MADISON ST NW
WASHINGTON, DC 20011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LENOIR, BARRY P
950 MISSISSIPPI AVE. SE
WASHINGTON, DC 20032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DAVILA, JOYCE S
535 KERBY PKWY
FT WASHINGTON, MD 20744**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHIRLEY, JEFFERSON
PO BOX 481
SOUTH ROYALTON, VT 05068**

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: *Wilhelmina J. Rolark* Wilhelmina J. Rolark 2/4/04 202 7839300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #