

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856275

FILED
Sep 15, 2006
Secretary of State

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

Current Principal Place of Business:

2500 MARTIN LUTHER KING JR AVE SE
WASHINGTON, DC 20020 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7051
WASHINGTON, DC 20032 US

New Mailing Address:

FEI Number: 23-7067271 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CORNELIUS, SAMUEL DR
Address: 7503 BUCHANAN ST., #106
City-St-Zip: LANDOVER HILLS, MD 20784

Title: PD () Delete
Name: ROLARK, WILHEMINA J
Address: 524 FOXHALL PLACE, S.E.
City-St-Zip: WASHINGTON, D.C., 20032

Title: V () Delete
Name: AUSTIN, RONALD K REV
Address: 1609 MADISON ST NW
City-St-Zip: WASHINGTON, DC 20011

Title: T () Delete
Name: LENOIR, BARRY P
Address: 950 MISSISSIPPI AVE. SE
City-St-Zip: WASHINGTON, DC 20032

Title: S () Delete
Name: DAVILA, JOYCE S
Address: 535 KERBY PKWY
City-St-Zip: FT WASHINGTON, MD 20744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: LENOIR, BARRY
Address: 9005 SAINT ANDREWS PLACE
City-St-Zip: COLLEGE PARK, MD 20740

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JONES, PHINIS
Address: 3215 MLK, JR, AVENUE SE
City-St-Zip: WASHINGTON, DC 20032

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARRY LENOIR

_____ Electronic Signature of Signing Officer or Director

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09/15/2006

_____ Date