

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N38918

1. Corporation Name

100 BLACK MEN OF BROWARD COUNTY, INC.

Principal Place of Business

3493 INVERRARY BLVD. W.  
LAUDERHILL FL 33319  
US

Mailing Address

P.O. BOX 190369  
LAUDERHILL FL 33319

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

701 NW 18TH AVE  
BLDG. C.

City & State  
FT. LAUDERDALE, FL

Zip  
33311

Country

3. New Mailing Office Address, If Applicable

SAME

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/03/1990

5. FEI Number

58-4048036

Annied For

or Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	City / State / Zip
TD	BARBER, TERRENCE L.	3030 SW 1ST ST.	FT. LAUDERDALE FL 33308 100003016261--3 -10/15/99--01067--001 ****237.00
SD	LESSESNE, TONY	P.O. BOX 4492 N/A	HOLLYWOOD FL 33304 100003016261--3 -10/15/99--01067--002 ****10.00 *****10.00
DC	WHITE, CHANDLER L.	300 NW 48TH TERRACE.	PLANTATION FL 33324
PD	WILLIAMS, ANDRE	10200 USA TODAY WAY	MIRAMAR FL 33025
VPD	BENTON, CORNELIUS L	3101 PORT ROYAL BLVD. #433	FORT LAUDERDALE FL 33308
VPFD	SMITH, RONALD E	3493 INVERRARY BLVD. WEST	LAUDERHILL FL 33319

8. Name and Address of Current Registered Agent

SMITH, RONALD E  
3493 INVERRARY BLVD. WEST  
LAUDERHILL FL 33319

9. Name and Address of New Registered Agent

Name  
ANDRE K. WILLIAMS  
Street Address (P.O. Box Number is Not Acceptable)  
701 NW 18TH AVE  
Suite, Apt. #, Etc.  
BLDG. C  
City  
FT. LAUDERDALE  
State  
FL  
Zip Code  
33311

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Andre K. Williams

REGISTERED AGENT MUST SIGN

Date 10/05/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Andre K. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/99 (954) 847-3755

Date

Daytime Phone #

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N38918

1. Corporation Name

100 BLACK MEN OF BROWARD COUNTY, INC.

FILED

99 OCT 12 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3493 INVERRARY BLVD. W.  
LAUDERHILL FL 33319  
US

Mailing Address  
P.O. BOX 190369  
LAUDERHILL FL 33319



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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	701 NW 18TH AVE	26	701 NW 18TH AVE	07/03/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		BLDG. C.		58-4048036	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		PT. LAUDERDALE, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24	33311	29	33311	30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SMITH, RONALD E 3493 INVERRARY BLVD. WEST LAUDERHILL FL 33319				81 Name ANDRE K. WILLIAMS 82 Street Address (P.O. Box Number is Not Acceptable) 701 NW 18TH AVE 83 84 City FT. LAUDERDALE FL 85 Zip Code 33311	
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	TD	<input checked="" type="checkbox"/> DELETE			
NAME	BARBER, TERRENCE L.				
STREET ADDRESS	3030 SW 1ST ST.				
CITY-ST-ZIP	FT. LAUDERDALE F				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	LESSESNE, TONY				
STREET ADDRESS	P.O. BOX 4492 N/A				
CITY-ST-ZIP	HOLLYWOOD FL				
TITLE	DC	<input type="checkbox"/> DELETE			
NAME	WHITE, CHANDLER L.				
STREET ADDRESS	300 NW 48TH TERRACE.				
CITY-ST-ZIP	PLANTATION FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	WILLIAMS, ANDRE				
STREET ADDRESS	10200 USA TODAY WAY				
CITY-ST-ZIP	MIRAMAR FL 33025				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE			
NAME	BENTON, CORNELIUS L.				
STREET ADDRESS	3101 PORT ROYAL BLVD. #433				
CITY-ST-ZIP	FORT LAUDERDALE FL 33308				
TITLE	VPFD	<input checked="" type="checkbox"/> DELETE			
NAME	SMITH, RONALD E				
STREET ADDRESS	3493 INVERRARY BLVD. WEST				
CITY-ST-ZIP	LAUDERHILL FL 33319				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PARLIAMENTARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	DONALD CLEVELAND				
1.3 STREET ADDRESS	225 E. LAS OLAS BLVD				
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS	10/15/99 01067-001 237.00				
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	10/15/99 01067-01067-00210.00				
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	ELLIS CHAPMAN				
5.3 STREET ADDRESS	110 NE 3RD STREET				
5.4 CITY-ST-ZIP	PT. LAUDERDALE, FL				
6.1 TITLE	CHAIRMAN, FINANCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME	CARLOS BAIZE				
6.3 STREET ADDRESS	110 E. ATLANTIC AVE				
6.4 CITY-ST-ZIP	DELRAY BEACH 33444				

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/99 954-841-3755

Date

Daytime Phone #

0005275

CR2E037 (5/99)