

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42385** (7)

1. Corporation Name

**THE ONE HUNDRED BLACK MEN OF PALM BEACH COUNTY, INCORPORATED**

Principal Place of Business

Mailing Address

**1897 PALM BEACH LAKES BLVD  
202  
WEST PALM BEACH FL 33409  
US**

**P.O. BOX 10474  
RIVIERA BEACH FL 33419-0474**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/06/1991**

4. FEI Number

**65-0271927**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**GOLSON, EDWARD  
610 S. MAGNOLIA CIR.  
WEST PALM BCH. FL 33401**

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 NAME STREET ADDRESS CITY-ST-ZIP

**PD  
GOLSON, EDWARD  
610 S. MANGONIA CIRCLE  
WEST PALM BEACH FL 33401**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VPD  
GUNN, CLARENCE  
715 SPENCER DRIVE  
WEST PALM BEACH FL 33409**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**TD  
PAUL, DERRICK  
P.O. BOX 12292 N/A  
LAKE PARK FL 33403**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**SD  
HOWELL, EFREM  
1607 QUAIL DRIVE, #305  
WEST PALM BEACH FL 33409**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D  
NAPIER, JOHN  
411 WEST 30TH STREET  
RIVIERA BEACH FL 33404**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**159  
6/6/98**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

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

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

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

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE **Edward Golson** 1/1/98 (561) 683-3774

FILED

98 JUN -5 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CP2E037 (10/97)