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**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90089 005 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N42385</b>			
1. Corporation Name <b>THE ONE HUNDRED BLACK MEN OF PALM BEACH COUNTY, INCORPORATED</b>			
Principal Place of Business 1897 PALM BEACH LAKES BLVD 202 WEST PALM BEACH FL 33409 US		Mailing Address P.O. BOX 10474 RIVIERA BEACH FL 33419-0474	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 03/06/1991		4. FEI Number 65-0271927	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GOLSON, EDWARD 610 S. MAGNOLIA CIR. WEST PALM BCH. FL 33401		10. Name and Address of New Registered Agent 81 Name: DONALD L. HENDERSON 82 Street Address (P.O. Box Number is Not Acceptable): 11930 TORREYMANNA CIR 83 84 City: WEST PALM BEACH FL 85 Zip Code: 33412	
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] DATE: 3/17/99			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: GOLSON, EDWARD STREET ADDRESS: 610 S. MANGONIA CIRCLE CITY-ST-ZIP: WEST PALM BEACH FL 33401		1.1 TITLE: PD 1.2 NAME: CLARENCE GUNN 1.3 STREET ADDRESS: 715 SPENCER DRIVE 1.4 CITY-ST-ZIP: WEST PALM BEACH, FL 33409	
TITLE: VPD NAME: GUNN, CLARENCE STREET ADDRESS: 715 SPENCER DRIVE CITY-ST-ZIP: WEST PALM BEACH FL 33409		2.1 TITLE: V/D 2.2 NAME: DONALD L HENDERSON 2.3 STREET ADDRESS: 11930 TORREYMANNA CIR 2.4 CITY-ST-ZIP: WEST PALM BEACH, FL 33412	
TITLE: TD NAME: PAUL, DERRICK STREET ADDRESS: P.O. BOX 12292 N/A CITY-ST-ZIP: LAKE PARK FL 33403		3.1 TITLE: T/D 3.2 NAME: RODERICK W. STEVENS 3.3 STREET ADDRESS: 1012 18TH STREET 3.4 CITY-ST-ZIP: WEST PALM BEACH, FL 33407	
TITLE: SD NAME: MARTIN, RODERICK STREET ADDRESS: 5304 53RD WAY CITY-ST-ZIP: WEST PALM BEACH FL 33411		4.1 TITLE: S/D 4.2 NAME: JEFFERY DRUMMER 4.3 STREET ADDRESS: 401 EXEC. CENTER DRIVE APT J103 4.4 CITY-ST-ZIP: WEST PALM BEACH, FL 33407	
TITLE: D NAME: NAPIER, JOHN STREET ADDRESS: 411 WEST 30TH STREET CITY-ST-ZIP: RIVIERA BEACH FL 33404		5.1 TITLE: D 5.2 NAME: GARY T. GARNER 5.3 STREET ADDRESS: 1852 W. 37TH STREET 5.4 CITY-ST-ZIP: RIVIERA BEACH, FL 33404	
TITLE: [ ] DELETE		6.1 TITLE: [ ] Change [ ] Addition 6.2 NAME: [ ] 6.3 STREET ADDRESS: [ ] 6.4 CITY-ST-ZIP: [ ]	

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: [Signature] SIGNATURE REQUIRED

8/13/99 (561) 776-0840

CR2E037 (11/98)