

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N42385

1. Entity Name
THE ONE HUNDRED BLACK MEN OF FLORIDA, INC.



FILED

04 APR 26 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
201 N.W. 15TH STREET
BELLE GLADE, FL 33430 US

Mailing Address
P.O. BOX 1067
BELLE GLADE, FL 33430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0271927

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, RICHARD REV
201 N.W. 15TH STREET
BELLE GLADE, FL 33430

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HARRIS, RICHARD
STREET ADDRESS 201 N.W. 15TH STREET
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE VPD ☐ Delete
NAME WALKER, JAVIN
STREET ADDRESS 349 S.E. #RD STREET
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE VPD ☐ Delete
NAME WEST, DON JR. ESQ
STREET ADDRESS 615 SEABREEZE BLVD., STE. 103-
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
700035722637
05/06/04--01068--016 **\$61.25

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
DOW WEST
528 EAST PARK AVE.
TALLAHASSEE, FL 32301

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

Richard Harris - 561-266-0817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #