

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45307

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: 100 BLACK MEN OF JACKSONVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

1336 W. EDGEWOOD AVE.  
JACKSONVILLE, FL 32208 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2065  
JACKSONVILLE, FL 32203

**New Mailing Address:**

FEI Number: 59-3190565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PINNIX, KENNETH M MR.  
1336 W. EDGEWOOD AVENUE  
JACKSONVILLE, FL 33208 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: PD ( ) Delete  
Name: PORTER, ROBERT E  
Address: 1336 W. EDGEWOOD AVE.  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: VPOP ( ) Delete  
Name: WOODEN, MELVIN  
Address: 1336 W. EDGEWOOD AVE.  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: VPOD ( ) Delete  
Name: PINNIX, KENNETH M  
Address: 1336 W. EDGEWOOD AVE.  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: VPOO ( ) Delete  
Name: MCINTOSH, LEVI H JR  
Address: P.O. BOX 2065  
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: VPF ( ) Delete  
Name: WILKERSON, CLARENCE  
Address: 1336 W. EDGEWOOD AVE.  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: SEC ( ) Delete  
Name: LITTLE, JAMES  
Address: 1336 W. EDGEWOOD AVE.  
City-St-Zip: JACKSONVILLE, FL 32208 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: VPOO (X) Change ( ) Addition  
Name: MCINTOSH, LEVI H JR  
Address: 1336 WEST EDGEWOOD AVENUE  
City-St-Zip: JACKSONVILLE, FL 32203 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH M. PINNIX

VPOD

04/30/2009

Electronic Signature of Signing Officer or Director

Date