NONPROFIT CORPORATION ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 30 AM 9:09

DOCUMENT # N94000005479 (0)

1. Corporation Name

BLACKS ORGANIZING LEADERSHIP DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
3430 NORTHWEST 94 TERRACE MIAMI FL 33147	P.O. BOX 55-2356 OPA LOCKA FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1994
3a. Date of Last Report:
4. FEI Number: 65-0533813 — 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 — Suite, Apt # etc 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt #, etc 27 — City & State 28 — Zip 29 — Country 30

9. **Name and Address of Current Registered Agent**

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P YOUNG, RUBIN 3430 NORTHWEST 94 TERRACE MIAMI FL 33147	1	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D YOUNG, RUBIN 3430 N.W. 94 TERRACE MIAMI, FL 33147	2	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PEARSON, LISA L. 3430 N.W. 94 TERRACE MIAMI, FL 33147	3	☒ Change ☐ Addition D YOUNG, FELICIA L. 3430 N.W. 94 TERRACE MIAMI, FL 33147
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D YOUNG, SUSIE 3430 N.W. 94 TERRACE MIAMI, FL 33147	4	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		5	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		6	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/30/95 — Date — (305) 587-0998 — Daytime Phone #

CR2E037 (3/95)

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1. Corporation Name

BLACKS ORGANIZING LEADERSHIP DEVELOPMENT, INC.

Principal Place of Business
3430 NORTHWEST 94 TERRACE
MIAMI FL 33147

Mailing Address
P.O. BOX 55-2356
OPA LOCKA FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1994
3a. Date of Last Report:

4. FEI Number: 65-0533813 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, 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	P
NAME	YOUNG, RUBIN
STREET ADDRESS	3430 NORTHWEST 94 TERRACE
CITY-ST-ZIP	MIAMI FL 33147
TITLE	D VP
NAME	YOUNG, FELICIA L.
STREET ADDRESS	3430 NORTHWEST 94 TERRACE
CITY-ST-ZIP	MIAMI, FLORIDA 33147
TITLE	D
NAME	SUSIE YOUNG
STREET ADDRESS	3430 NORTHWEST 94 TERRACE
CITY-ST-ZIP	~~MIAMI, FL 33147~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☐ Change ☐ Addition
12 NAME	YOUNG, RUBIN	
13 STREET ADDRESS	3430 NW 94TH TERRACE	
14 CITY-ST-ZIP	MIAMI, FLORIDA 33055-33147	
21 TITLE	D	☐ Change ☐ Addition
22 NAME	YOUNG, FELICIA L.	
23 STREET ADDRESS	3430 NORTHWEST 94 TERRACE	
24 CITY-ST-ZIP	MIAMI, FL 33147	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 [signature] 4/30/95 (305) 587-0998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #