

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004523 (5)

1. Corporation Name

BLACK AND WHITE MEN TOGETHER/SOUTH FLORIDA INC.



Principal Place of Business

1513 N DIXIE HWY
FT LAUDERDALE FL 33304

Mailing Address

1513 N DIXIE HWY
FT LAUDERDALE FL 33304

3. Date Incorporated or Qualified
09/22/1995

3a. Date of Last Report
NA

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

4. FEI Number
65-0448498

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HATCHETT, DILVERT
1513 N DIXIE HWY
FT LAUDERDALE FL 33304

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

DILVERT D. HATCHETT / TREASURER

MAY 1, 1996

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	FLASH MARONCELLI	
STREET ADDRESS	PO BOX 2132	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33303	
TITLE	CO-CHAIR	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM WEBER	
STREET ADDRESS	1210 FAIRWAY ROAD	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	CO-CHAIR	<input checked="" type="checkbox"/> DELETE
NAME	ROLAND WILKINS	
STREET ADDRESS	124 S.W. RIVER DR.	
CITY-ST-ZIP	MIAMI, FL 33130-1459	
TITLE	MEMBER-CHAIR DIRECTOR	<input type="checkbox"/> DELETE
NAME	DANIEL MURPHY	
STREET ADDRESS	1513 N. DIXIE HWY.	
CITY-ST-ZIP	FT. LAUD., FL 33304-4841	
TITLE	DILVERT HATCHETT	<input type="checkbox"/> DELETE
NAME	TREASURER	
STREET ADDRESS	1513 N. DIXIE HWY.	
CITY-ST-ZIP	FT. LAUD., FL 33304-4841	
TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	FLASH MARONCELLI	
STREET ADDRESS	1513 N. DIXIE HWY	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304-4841	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CO-CHAIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	GLENN BAFIA	
13 STREET ADDRESS	10333 BOYNTON PLACE CIRCLE	
14 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
21 TITLE	SHELDON COVING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	CO-CHAIR	
23 STREET ADDRESS	2304 N.W 54 Street	
24 CITY-ST-ZIP	TAMARAC, FL 33309	
31 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	GEORGE BURRELL	
33 STREET ADDRESS	6225 S W 32 Street	
34 CITY-ST-ZIP	MIRAMAR, FL 33023	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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:

Dilvert D. Hatchett

MAY 1, 1996

954-525-3372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)