

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001233

Entity Name: BLACK EXECUTIVE FORUM, INC.

FILED  
Jan 09, 2004  
Secretary of State

**Current Principal Place of Business:**

9101 SOUTH DIXIE HWY., 2ND FLOOR  
MIAMI, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

9101 SOUTH DIXIE HWY., 2ND FLOOR  
MIAMI, FL 33156 US

**New Mailing Address:**

FEI Number: 65-0656667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GINN, DONNA L  
9101 SOUTH DIXIE HWY., 2ND FLOOR  
MIAMI, FL 33156 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: GINN, DONNA  
Address: 9101 SOUTH DIXIE HWY., 2ND FLOOR  
City-St-Zip: MIAMI, FL 33156 US

Title: TD ( ) Delete  
Name: CAREY, OLIVIA  
Address: 9101 SOUTH DIXIE HWY., 2ND FLOOR  
City-St-Zip: MIAMI, FL 33156 US

Title: VD ( ) Delete  
Name: BECKFORD, JOHN G  
Address: 9101 SOUTH DIXIE HWY, 2ND FLOOR  
City-St-Zip: MIAMI, FL 33156

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONNA L. GINN

PD

01/09/2004

Electronic Signature of Signing Officer or Director

Date