

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000001233

1. Entity Name  
BLACK EXECUTIVE FORUM, INC.



Principal Place of Business  
9101 SOUTH DIXIE HWY., 2ND FLOOR  
MIAMI, FL 33156 US

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

**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0656667

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

GINN, DONNA L  
9101 SOUTH DIXIE HWY., 2ND FLOOR  
MIAMI, FL 33156

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IN THIS SPACE**

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)

1/7/05  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINN, DONNA 9101 SOUTH DIXIE HWY., 2ND FLOOR MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAREY, OLIVIA 9101 SOUTH DIXIE HWY., 2ND FLOOR MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECKFORD, JOHN G 9101 SOUTH DIXIE HWY., 2ND FLOOR MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000175768  
01/10/05-80063-020 \$1.25

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05  
Date

305 7400355  
Daytime Phone