

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004121

FILED
Jan 09, 2006
Secretary of State

Entity Name: HIWAY PARK BLACK BUSINESSMEN ASSOC. INC.

Current Principal Place of Business:

121 JOSEPHINE AVENUE
LAKE PLACID, FL 33852

New Principal Place of Business:

141 JOSEPHINE AVENUE
LAKE PLACID, FL 33852

Current Mailing Address:

108 VISION STREET
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 65-0704311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWTHORNE, MELVIN
108 VISION STREET
LAKE PLACID, FL 33852 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: DP () Delete
Name: HAWTHORNE, MELVIN
Address: 108 MAIN ST
City-St-Zip: LAKE PLACID, FL 33852

Title: SD () Delete
Name: GILBERT, JOSIAK
Address: SHORT ST
City-St-Zip: LAKE PLACID, FL 33852

Title: VPD () Delete
Name: KEMP, DANIEL
Address: 113 FLORIDA DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: WILLIAMS, ORTLAND
Address: 117 HAWTHORNE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: WILLIAM, ROBERT LEE JR
Address: 114 COCHRAN DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HAWTHORNE, MELVIN
Address: 108 VISION
City-St-Zip: LAKE PLACID, FL 33852

Title: SD (X) Change () Addition
Name: GILBERT, JOSIAH
Address: BRIGHTSIDE ST
City-St-Zip: LAKE PLACID, FL 33852

Title: VPD (X) Change () Addition
Name: KEMP, DANIEL
Address: 113 COCHRAN DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: T (X) Change () Addition
Name: WILLIAMS, ORTLAND
Address: 117 TAYLOR STREET
City-St-Zip: LAKE PLACID, FL 33852

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

Title: D () Change (X) Addition
Name: GWENITA, COLE
Address: 100 VISION
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the 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: MELVIN HAWTHORNE

DP

01/09/2006

Electronic Signature of Signing Officer or Director

Date