2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# N96000004121

Entity Name: HIWAY PARK BLACK BUSINESSMEN ASSOC. INC.

Current Principal Place of Business:

141 JOSEPHINE AVENUE
LAKE PLACID, FL 33852

New Principal Place of Business:

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 VISION	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	SD	( ) Delete
Name:	GILBERT, JOSIAH	
Address:	BRIGHTSIDE ST	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	VPD	( ) Delete
Name:	KEMP, DANIEL	
Address:	113 COCHRAN DRIVE	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	T	( ) Delete
Name:	WILLIAMS, ORTLAND	
Address:	117 TAYLOR STREET	
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:	D	( ) Delete
Name:	GWENITA, COLE	
Address:	100 VISION	
City-St-Zip:	LAKE PLACID, FL 33852	

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:	
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 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: GWENITA COLE D 01/16/2007

Electronic Signature of Signing Officer or Director — Date