2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: HIWAY PARK BLACK BUSINESSMEN ASSOC. INC.

Current Principal Place of Business:

141 JOSEPHINE AVENUE
LAKE PLACID, FL 33852

Current Mailing Address:

141 JOSEPHINE AVENUE
LAKE PLACID, FL 33852

FEI Number: 65-0704311

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEATHERS, DEBORAH ACEOD
1811 SANDTRAP COURT
SEBRING, FL 33872 US

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

Officer/Director Detail :

Title	DP
Name	KEMP, DANIEL
Address	100 COCHRAN DRIVE
City-State-Zip:	LAKE PLACID FL 33852

Title	DIRECTOR
Name	HAWTHORNE, JUANITA
Address	108 VISION STREET
City-State-Zip:	LAKE PLACID FL 33852

Title	CEOD
Name	WEATHERS, DEBORAH
Address	1811 SANDTRAP COURT
City-State-Zip:	SEBRING FL 33872

Title	TREASURER D
Name	WILLIAMS, THERESA DEVEAUX
Address	141 JOSEPHINE AVENUE
City-State-Zip:	LAKE PLACID FL 33852

Title	VPD
Name	BRANCH, FRANK JR.
Address	101 VISION STREET
City-State-Zip:	LAKE PLACID FL 33852

Title	SD
Name	BROWN, RAY ASR.
Address	117 PLACID LAKES
City-State-Zip:	LAKE PLACID FL 33852

Title	DIRECTOR
Name	MCGAHEE, SELVIN
Address	P/O BOX 1302
City-State-Zip:	LAKE PLACID FL 33852

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH WEATHERS CEO 04/05/2018

Electronic Signature of Signing Officer/Director Detail — Date