## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000003577

Entity Name: CORE CITY BUSINESS INCUBATORS, INC.

FILED Apr 22, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1225 W. BEAVER ST JACKSONVILLE, FL 32209 **Current Mailing Address: New Mailing Address:** 1131 LAURA STREET JACKSONVILLE, FL 32206 FEI Number: 59-3679602 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRYANT, MICHAEL L 1131 LAÚRA STREET JACKSONVILLE, FL 32206 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete COC (X) Change ( ) Addition DANFORD, RICHARD ROBBINS, GEORGE Name: Name: 903 W UNION ST Address: 12550 MANDARIN ROAD Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32223 Title: COC Title: ( ) Delete () Change () Addition Name: GASTON, ED Name: Address: 2513 CHESTNUT SPRINGS LANE Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition KERR, DIANE Name: JOHNSON, HENRY Name: 2893 EDISON AVENUE 2933 NORTH MYRTLE AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32234 City-St-Zip: JACKSONVILLE, FL 32209 Title: ( ) Delete Title: () Change () Addition Name: BRYANT, MICHAEL Name: Address: 1131 LAURA ST Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: Title: () Delete Title: () Change () Addition BRYANT, MICHAEL L Name: Name: 1131 LAURA STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: Title: () Delete Title: () Change () Addition GASTON, ED Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL L. BRYANT DT 04/22/2004

Address:

City-St-Zip:

P.O. BOX 2080

JACKSONVILLE, FL 32231