

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

**FILED  
Feb 11, 2005  
Secretary of State**

DOCUMENT# N00000003577

Entity Name: CORE CITY BUSINESS INCUBATORS, INC.

**Current Principal Place of Business:**

1225 W. BEAVER ST  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

1131 LAURA STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 59-3679602      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRYANT, MICHAEL L  
1131 LAURA STREET  
JACKSONVILLE, FL 32206      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: COC      ( ) Delete  
Name: ROBBINS, GEORGE  
Address: 12550 MANDARIN ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: COC      ( ) Delete  
Name: GASTON, ED  
Address: 2513 CHESTNUT SPRINGS LANE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: S      ( ) Delete  
Name: JOHNSON, HENRY  
Address: 2933 NORTH MYRTLE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T      ( ) Delete  
Name: BRYANT, MICHAEL  
Address: 1131 LAURA ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: DT      ( ) Delete  
Name: BRYANT, MICHAEL L  
Address: 1131 LAURA STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D      ( ) Delete  
Name: GASTON, ED  
Address: P.O. BOX 2080  
City-St-Zip: JACKSONVILLE, FL 32231

**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 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.

SIGNATURE: MICHAEL L. BRYANT

DT

02/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date