

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2006
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:

1225 W. BEAVER ST
JACKSONVILLE, FL 32204

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 (X) 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 (X) 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: D (X) Change () Addition
Name: GASTON, ED
Address: 2513 CHESTNUT SPRINGS LANE
City-St-Zip: JACKSONVILLE, FL 32246

Title: COC (X) Change () Addition
Name: JOHNSON, HENRY
Address: 2933 NORTH MYRTLE AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

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: MICHAEL L. BRYANT

D

03/24/2006

Electronic Signature of Signing Officer or Director

Date