

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003577

FILED
Feb 12, 2009
Secretary of State

Entity Name: CORE CITY BUSINESS INCUBATORS, INC.

Current Principal Place of Business:

1225 W. BEAVER ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1131 N. LAURA STREET
JACKSONVILLE, FL 32206

New Mailing Address:

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

Name and Address of Current Registered Agent:

LEE III, ROBERT V III
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: DCOC () Delete
Name: BLUM, FREDERICK
Address: 2930 SANDY BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: DCOC () Delete
Name: THOMPSON, DEBORAH
Address: 1725 OAKHURST AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: DT () Delete
Name: WHITAKER, JOE
Address: 4034 RIVER VALLEY ROAD S
City-St-Zip: JACKSONVILLE, FL 32277

Title: DS () Delete
Name: JOHNSON, IVY
Address: 117 WEST DUVAL STREET, SUITE 335
City-St-Zip: JACKSONVILLE, FL 32202

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:

I hereby certify that the information supplied with this filing does not qualify 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: JOE WHITAKER

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02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date