

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2004  
Secretary of State**

DOCUMENT# N03000007729

Entity Name: FLORIDA SMALL BUSINESS DEVELOPMENT FOUNDATION, INC.

**Current Principal Place of Business:**

401 EAST CHASE STREET SUITE 100  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

401 EAST CHASE STREET SUITE 100  
PENSACOLA, FL 32501

**New Mailing Address:**

FEI Number: 20-0205132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KOCOUREK, TODD G  
1351 N GADSDEN STREET  
TALLAHASSEE, FL 32303

**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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition  
Name: CARTWRIGHT, JERRY PRESIDE  
Address: 401 EAST CHASE STREET, SUITE 100  
City-St-Zip: PENSACOLA, FL 32503

Title: V ( ) Change (X) Addition  
Name: DONALDSON, JANICE VICE PR  
Address: 1200 ALUMNI DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: T ( ) Change (X) Addition  
Name: KOCOUREK, TODD G TREASUR  
Address: 1351 N. GADSDEN ST.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Change (X) Addition  
Name: BARLAR, DR. DIANNE SECRETA  
Address: 401 EAST CHASE STREET  
City-St-Zip: PENSACOLA, FL 32502

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: TODD G. KOCOUREK

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04/16/2004

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

\_\_\_\_\_  
Date