

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000006156

FILED
Jul 19, 2007
Secretary of State

Entity Name: FLORIDA BLACK CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

17 WEST MAXWELL STREET
PENSACOLA, FL 32501

New Principal Place of Business:

945 W MICHIGAN AVE, STE 12B
PENSACOLA, FL 32505

Current Mailing Address:

17 WEST MAXWELL STREET
PENSACOLA, FL 32501

New Mailing Address:

945 W. MICHIGAN AVE, STE 12B
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PENSACOLA, FL 3250

FEI Number: 03-0543799 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRANKLIN, EUGENE
945 WEST MICHIGAN AVENUE, SUITE 12-B
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

FRANKLIN, EUGENE
5553 SHADOW GROVE, BLVD
PENSACOLA, FL 32526 US

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: EUGENE FRANKLIN

07/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: FRANKLIN, EUGENE
Address: 945 WEST MICHIGAN AVENUE, SUITE 12-B
City-St-Zip: PENSACOLA, FL 32505

Title: DP () Delete
Name: HARRIS, HANK
Address: 17 WEST MAXWELL STREET
City-St-Zip: PENSACOLA, FL 32501

Title: CEO () Delete
Name: HARRIS, HANK
Address: 17 WEST MAXWELL STREET
City-St-Zip: PENSACOLA, FL 32501

Title: DT () Delete
Name: SIMS, DARNELL
Address: 17 WEST MAXWELL STREET
City-St-Zip: PENSACOLA, FL 32501

Title: DS () Delete
Name: MILLIONDER, CASSANDRA M
Address: 800 ESCONDITAS PLACE
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: FRANKLIN, EUGENE
Address: 5553 SHADOW GROVE BLVD
City-St-Zip: PENSACOLA, FL 32526

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: EUGENE FRANKLIN

DC

07/19/2007

Electronic Signature of Signing Officer or Director

Date