

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # 739471

1. Entity Name
**FLORIDA REGIONAL MINORITY BUSINESS COUNCIL,
INC.**



Principal Place of Business

**9499 NE 2ND AVE
SUITE 201
MIAMI, FL 33138 US**

Mailing Address

**9499 NE 2ND AVE
SUITE 201
MIAMI, FL 33138 US**



05082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1746154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TDVC
NAME	JOHNSON, DOTTIE
STREET ADDRESS	2200 NW 72ND AVE STE 204
CITY-ST-ZIP	MIAMI, FL 33152
TITLE	SDT
NAME	GILL, A. WAYNE
STREET ADDRESS	9499 NE 2ND AVE SUITE 201
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	TDC
NAME	JONES, OTIS
STREET ADDRESS	9499 NE 2ND AVE SUITE 201
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	PCEO
NAME	LOUISSAINT, BEATRICE
STREET ADDRESS	9499 NE 2ND AVE SUITE 201
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	TREA
NAME	FLOYD, LARAE
STREET ADDRESS	9499 NE 2ND AVE SUITE 201
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/07-80088-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/8/07 (305) 762-6157