

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765403** (1)  
1. Corporation Name  
**CENTRAL FLORIDA URBAN BANKERS ASSOCIATION, INC.**



Principal Place of Business <b>390 N. ORANGE AVE. STE. 900 ORLANDO FL 32801</b>	Mailing Address <b>P.O. BOX 2413 ORLANDO FL 32802-2413</b>
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3. Date Incorporated or Qualified <b>10/14/1982</b>	3a. Date of Last Report <b>08/14/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent  
**FURLOUGH, RUBY C  
390 N. ORANGE AVE.  
STE. 900  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, MICHAEL	
STREET ADDRESS	800 N. MAGNOLIA AVE, STE 800	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MACHELLE	
STREET ADDRESS	10900 ORANGEWOOD BLVD	
CITY - ST - ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, SANDRINA	
STREET ADDRESS	707 HENDAM BLVD, STE 307-9945	
CITY - ST - ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, LESLIE	
STREET ADDRESS	7105 SILVERSTAR RD	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, ANN BROWN	
STREET ADDRESS	715 GOLDWYN AVE.	
CITY - ST - ZIP	ORLANDO FL 32805	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, STEPHANIE	
STREET ADDRESS	480 ALTAMONTE DRIVE	
CITY - ST - ZIP	ALTAMONTE FF	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Isidiah EVANS</b>	
6.3 STREET ADDRESS	<b>3094 Orlando Ave.</b>	
6.4 CITY - ST - ZIP	<b>Sanford, FL 32773</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael D. Smith 4/28/97 407-649-5872  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018147

CR2E037 (9/96)