2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 20, 2006
Secretary of State

DOCUMENT# N02000000777

Entity Name: BERVARD COUNTY MINORITY BUSINESS AND PROFESSIONAL NETWORK, INC.

Current Principal Place of Business:

550 S COCOA BLVD
COCOA, FL 32922

New Principal Place of Business:

3816 MURRELL ROAD
ROCKLEDGE, FL 32955

Current Mailing Address:

550 S COCOA BLVD
COCOA, FL 32922

New Mailing Address:

4108 SAN BELUGA WAY
ROCKLEDGE, FL 32955

FEI Number: 01-0640061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

SMITH, PEARL C
550 S COCOA BLVD
COCOA, FL 32922 US

Name and Address of New Registered Agent:

TURNER, DARYL M
4108 SAN BELUGA WAY
ROCKLEDGE, FL 32955 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: DARYL M. TURNER M.D. 09/20/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TORNER, DARRYL
Address: 1270 N WICKHAM RD. STE. 7&8
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete
Name: SMITH, PEARL C
Address: 550 S COCA BLVD.
City-St-Zip: COCOA, FL 32922

Title: C ( ) Delete
Name: JACKSON, CHARLES
Address: 2638 S HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: T ( ) Delete
Name: WILLIAMS, EDWARD
Address: 3150 W NEW HAVEN AVE.
City-St-Zip: WEST MELBOURNE, FL 32904

Title: VP ( ) Delete
Name: GEE, ALONZO
Address: 4133 LONGLEAF DR.
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TURNER, DARYL
Address: 3816 MURRELL ROAD
City-St-Zip: ROCKLEDGE, FL 32955

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 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: DARYL M. TURNER PRES 09/20/2006
Electronic Signature of Signing Officer or Director — Date