

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000000777

FILED
Oct 25, 2007
Secretary of State

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

Current Principal Place of Business:

3816 MURRELL ROAD
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

4108 SAN BELUGA WAY
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 01-0640061 **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:

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 TURNER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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: () 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:

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: DARYL TURNER

PRES

10/25/2007

Electronic Signature of Signing Officer or Director

Date