

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90143 040 ****61.25

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1. Entity Name

BERVARD COUNTY MINORITY BUSINESS AND PROFESSIONAL NETWORK, INC.



Principal Place of Business

550 S COCOA BLVD
COCOA FL 32922

Mailing Address

550 S COCOA BLVD
COCOA FL 32922

2. Principal Place of Business

550 SoCocoa Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa

City & State

FL

4. FEI Number

01-0640661

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Pearl C. Smith
Street Address (P.O. Box Number is Not Acceptable): 550 SoCocoa Blvd
City: Cocoa FL Zip Code: 32922

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

Pearl C Smith

4/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SMITH, PEARL C	
STREET ADDRESS	550 S COCOA BLVD	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	VD	☐ Delete
NAME	TURNER, DARYL	
STREET ADDRESS	1270 N WICKHAM RD STE 7&8	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	SD	☐ Delete
NAME	TURNER, KIMBERLY	
STREET ADDRESS	1270 N WICKHAM RD STE 7&8	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	TD JACKSON,	☐ Delete
NAME	JACKSONVILLE, CHARLES	
STREET ADDRESS	P.O.BOX 2047	
CITY-ST-ZIP	MELBOURNE FL 32902	
TITLE	D	☐ Delete
NAME	WILLIAMS, ED	
STREET ADDRESS	4271 CAREYWOOD DR	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	☒ Delete
NAME	WILLIAMS, GAY	
STREET ADDRESS	989 SYCAMORE DRDR	
CITY-ST-ZIP	ROCKLEDGE FL 32941	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ALONZO GEE	☐ Change ☒ Addition
NAME	VP	
STREET ADDRESS	4133 Longleaf Dr	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	Recording Secy	☐ Change ☒ Addition
NAME	Ferguson, Donna	
STREET ADDRESS	550 Strawbridge Ave. Ste B	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	Correspondence Secy	☒ Change ☐ Addition
NAME	Turner, Kimberly	
STREET ADDRESS	1270 N. Wickham Rd, Ste 7&8	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	Member	☐ Change ☒ Addition
NAME	Edwards, Art	
STREET ADDRESS	5325 Anykay	
CITY-ST-ZIP	Mims, FL 32754	
TITLE	Treasurer	☒ Change ☐ Addition
NAME	EDWARD D WILLIAMS	
STREET ADDRESS	3476 SADDLE BROOK DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

Pearl C Smith

4/8/03 321-636-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)