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	Mailing Address
550 S COCOA BLVD COCOA FL 32922	550 S COCOA BLVD COCOA FL 32922

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
550 So Cocoa Blvd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa	City & State: Fl
Zip: 32922 Country: USA	Zip: Country:

4. FEI Number: 01-0640061 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEARL SMITH, ~~PEARL~~ C 550 S COCOA BLVD COCOA FL 32922	Name: Pearl C. Smith Street Address (P.O. Box Number is Not Acceptable): 550 So Cocoa 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 — DATE: 4/10/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: SMITH, PEARL C STREET ADDRESS: 550 S COCOA BLVD CITY-ST-ZIP: COCOA FL 32922	☐ Delete	TITLE: ALONZO GEE VP NAME: STREET ADDRESS: 4133 LongLeaf Dr CITY-ST-ZIP: Melbourne, Fl 32940	☐ Change ☑ Addition
TITLE: VD NAME: TURNER, DARYL STREET ADDRESS: 1270 N WICKHAM RD STE 7&8 CITY-ST-ZIP: MELBOURNE FL 32934	☐ Delete	TITLE: Recording Secty NAME: Ferguson, Donna STREET ADDRESS: 550 Strawbridge Ave. Ste B CITY-ST-ZIP: Melbourne, Fl 32901	☐ Change ☑ Addition
TITLE: SD NAME: TURNER, KIMBERLY STREET ADDRESS: 1270 N WICKHAM RD STE 7&8 CITY-ST-ZIP: MELBOURNE FL 32934	☐ Delete	TITLE: Correspondence Secty NAME: Turner, Kimberly STREET ADDRESS: 1270 N. Wickham Rd, Ste 7+8 CITY-ST-ZIP: Melbourne, Fl 32934	☑ Change ☐ Addition
TITLE: TD Jackson, NAME: ~~JACKSONVILLE~~, CHARLES STREET ADDRESS: P.O.BOX 2047 CITY-ST-ZIP: MELBOURNE FL 32902	☐ Delete	TITLE: Member NAME: Edwards, Art STREET ADDRESS: 5325 Amykay CITY-ST-ZIP: Mims, Fl 32754	☐ Change ☑ Addition
TITLE: D NAME: WILLIAMS, ED STREET ADDRESS: 4271 CAREYWOOD DR CITY-ST-ZIP: MELBOURNE FL 32934	☐ Delete	TITLE: Treasurer NAME: EDWARD D WILLIAMS STREET ADDRESS: 3476 SADDLE BROOK DRIVE CITY-ST-ZIP: MELBOURNE FL 32934	☑ Change ☐ Addition
TITLE: D NAME: WILLIAMS, GAY STREET ADDRESS: 989 SYCAMORE DRDR CITY-ST-ZIP: ROCKLEDGE FL 32941	☑ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Pearl C Smith — Date: 4/8/03 — Daytime Phone #: 321-636-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR