

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000837

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** CENTRAL FLORIDA SMALL BUSINESS ASSISTANCE CENTER, INC.

**Current Principal Place of Business:**

901 NW 8TH AVENUE  
STE A5  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

1810 NW 6TH ST  
C  
GAINESVILLE, FL 32609

**Current Mailing Address:**

P.O. BOX 1174  
GAINESVILLE, FL 32602

**New Mailing Address:**

FEI Number: 02-0544238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MATREX CORPORATION  
901 NW 8TH AVENUE STE A5  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

MATREX CORPORATION  
1810 NW 6TH ST  
C  
GAINESVILLE, FL 32609 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: OLIVIA L. CRAWFORD

04/28/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CRAWFORD, ALLEN E  
Address: 3641 WEST HIGHWAY 316  
City-St-Zip: REDDICK, FL 32686

Title: D ( ) Delete  
Name: CRAWFORD, KENDRA R  
Address: 214 COLUMBIA DRIVE #027  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete  
Name: WILLIAMS, ROSA B  
Address: 423 NW 6TH PLACE  
City-St-Zip: GAINESVILLE, FL 32601

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OLIVIA L. CRAWFORD

O

04/28/2005

Electronic Signature of Signing Officer or Director

Date