2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N02000004659

Entity Name: FLORIDA BLACK BUSINESS INVESTMENT BOARD, INC.

Current Principal Place of Business:

2019 CENTRE POINTE BLVD.
STE 101
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2019 CENTRE POINTE BLVD.
STE 101
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 02-0620165 **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:

WILLIAMS, KEEVIN
2019 CENTRE POINTE BLVD.
STE 101
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

WILLIAMS, KEEVIN D PRES
2019 CENTRE POINTE BLVD.
STE 101
TALLAHASSEE, FL 32308 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: KEEVIN D. WILLIAMS 05/01/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: NEMBHARD, MORTLAKE
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: HARDIMAN-COLE, ANGELA
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: JACKSON, DORTHEA
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: LAUBSCHER, LOUIS
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: GRIGGS, CHARLES
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Delete
Name: FRAZIER, RONALD
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

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: D (X) Change ( ) Addition
Name: POWELL-WILLIAMS, JUANITA
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

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: KEEVIN D. WILLIAMS PRES 05/01/2008
Electronic Signature of Signing Officer or Director Date