

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004659

FILED
Jan 25, 2010
Secretary of State

Entity Name: FLORIDA BLACK BUSINESS INVESTMENT BOARD, INC.

Current Principal Place of Business:

545 E. TENNESSEE STREET
STE 2A
TALLAHASSEE, FL 32308

New Principal Place of Business:

545 E. TENNESSEE STREET
SUITE 200-A
TALLAHASSEE, FL 32308

Current Mailing Address:

545 E. TENNESSEE STREET
STE 2A
TALLAHASSEE, FL 32308

New Mailing Address:

P O BOX 7435
TALLAHASSEE, FL 32314

FEI Number: 02-0620165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, KEEVIN D PRES
545 E. TENNESSEE STREET
STE 2A
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

DUNCAN, PAULA L PRES
545 E. TENNESSEE STREET
SUITE 200-A
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: PAULA L DUNCAN

01/25/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VC-D
Name: GRIFFIN, DAVID
Address: 545 E. TENNESSEE STREET, STE. 200-A
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: COLON, JOHN A
Address: 545 E. TENNESSEE STREET, STE. 200-A
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: RUFFIN, JOHN W JR
Address: 545 E. TENNESSEE STREET, STE. 200-A
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: RUMLIN, ISAIAH
Address: 545 E. TENNESSEE STREET, STE. 200-A
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: CHESTER, GERALD
Address: 545 E. TENNESSEE STREET, STE. 200-A
City-St-Zip: TALLAHASSEE, FL 32308

Title: CD
Name: NEMBARD, MORTLAKE O
Address: 545 E. TENNESSEE STREET, STE. 200-A
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: PAULA L DUNCAN

PRES

01/25/2010

Electronic Signature of Signing Officer or Director

Date