2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006435

Sep 01, 2004 Secretary of State

FILED

Entity Name: THE BLACK FEMALE DEVELOPMENT CIRCLE, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

UNIVERSITY OF CENTRAL FL 4000 CENTRAL FLORIDA BLVD ORLANDO, FL 328163245

Current Mailing Address: New Mailing Address:

THE BLACK FEMALE DEVELOPMENT CIR. INC. P.O.BOX 163245 ORLANDO, FL 328163245

FEI Number: 56-2304255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MILES, SANDRA

618 PALM BAY CT #105

ORLANDO, FL 32825

US

JONES, MALONI T

2550 N. ALAFAYA TRL

2106

ORLANDO, FL 32826 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

in the State of Florida.

SIGNATURE: MALONI T JONES 09/01/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 MILES, SANDRA
 Name:
 JONES, MALONI T

 Address:
 618 PALM BAY CT #105
 Address:
 2550 N ALAFAYA TRL APT 2106

City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32826

Title: D () Delete Title: D (X) Change () Addition

Name: HILL, TAMICA Name: MILLER, D'JUANA C
Address: 11531 WAGON RD APT C Address: 12127 GREEN BADGER LANE APT 1161

City-St-Zip: ORLANDO, FL 32826 City-St-Zip: ORLANDO, FL 32817

Title: T () Delete Title: T (X) Change () Addition

 Name:
 LAWRENCE, YANIQUE
 Name:
 PERKINS, BRIANA M

 Address:
 9529 ARISTOTLE AVE
 Address:
 2861 EINSTEIN WAY APT 101

 City-St-Zip:
 OPLANDO, FL 32826
 City-St-Zip:
 OPLANDO, FL 32826

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: MALONI T JONES D 09/01/2004