2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000006435

FILED Sep 08, 2006 Secretary of State

Entity Name: THE BLACK FEMALE DEVELOPMENT CIRCLE, INCORPORATED

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

UNIVERSITY OF CENTRAL FL 3726 AKSARBEN DRIVE 4000 CENTRAL FLORIDA BLVD TALLAHASSEE, FL 32311 ORLANDO, FL 328163245

Current Mailing Address:

THE BLACK FEMALE DEVELOPMENT CIR. INC.
P.O.BOX 163245

THE BLACK FEMALE DEVELOPMENT CIR. INC.
3726 AKSARBEN DRIVE

ORLANDO, FL 328163245 3726 AKSARBEN DRIVE TALLAHASSEE, FL 32311

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

New Mailing Address:

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

 JONES, MALONI T
 MILES, SANDRA

 2550 N. ALAFAYA TRL
 3726 AKSARBEN DRIVE

 2106
 TALLAHASSEE, FL 32311 US

 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.

SIGNATURE: SANDRA MILES 09/08/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 JONES, MALONI T
 Name:
 MILES, SANDRA

 Address:
 2550 N ALAFAYA TRL APT 2106
 Address:
 3726 AKSARBEN DRIVE

City-St-Zip: ORLANDO, FL 32826 AGGREEN DRIVE

City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete Title: D (X) Change () Addition Name: MILLER, D'JUANA C Name: TERRY, TELISHIA

Address: 12127 GREEN BADGER LANE APT 1161 Address: 3726 AKSARBEN DRIVE
City-St-Zip: ORLANDO, FL 32817 City-St-Zip: TALLAHASSEE, FL 32311

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

 Name:
 PERKINS, BRIANA M
 Name:
 MULLER, SONYA N

 Address:
 2861 EINSTEIN WAY APT 101
 Address:
 3726 AKSARBEN DRIVE

 City-St-Zip:
 OPLANDO, FL 32826
 City-St-Zip:
 TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA MILES D 09/08/2006