

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006435

FILED
Apr 17, 2009
Secretary of State

Entity Name: THE BLACK FEMALE DEVELOPMENT CIRCLE, INCORPORATED

Current Principal Place of Business:

3726 AKSARBEN DRIVE
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

THE BLACK FEMALE DEVELOPMENT CIR. INC.
3726 AKSARBEN DRIVE
TALLAHASSEE, FL 32311

New Mailing Address:

3726 AKSARBEN DRIVE
TALLAHASSEE, FL 32311

FEI Number: 56-2304255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILES, SANDRA
3726 AKSARBEN DRIVE
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILES, SANDRA
Address: 3726 AKSARBEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: TERRY, TELISHIA
Address: 3726 AKSARBEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: T () Delete
Name: MULLER, SONYA N
Address: 3726 AKSARBEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STANBERRY, CHARLYN
Address: 3726 AKSARBEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: T (X) Change () Addition
Name: JONES, TIA L
Address: 3726 AKSARBEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

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: SANDRA MILES

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date