

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006435

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** THE BLACK FEMALE DEVELOPMENT CIRCLE, INCORPORATED

**Current Principal Place of Business:**

2500 MERCHANTS ROW BLVD  
262  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

430 FONTANA CIRCLE  
206  
OVIEDO, FL 32765

**Current Mailing Address:**

P. O. BOX 16512  
TALLAHASSEE, FL 32314

**New Mailing Address:**

P. O. BOX 622601  
OVIEDO, FL 32762

**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  
2500 MERCHANTS ROW BLVD  
262  
TALLAHASSEE, FL 32311 US

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

MILES, SANDRA  
430 FONTANA CIRCLE  
206  
OVIEDO, FL 32765 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

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MILES, SANDRA  
Address: 430 FONTANA CIRCLE APT 206  
City-St-Zip: OVIEDO, FL 32765

Title: D  
Name: HARRISON, APRIL  
Address: 430 FONTANA CIRCLE APT 206  
City-St-Zip: OVIEDO, FL 32765

Title: D  
Name: WRIGHT, SHIRELLE  
Address: 430 FONTANA CIRCLE APT 206  
City-St-Zip: OVIEDO, FL 32765

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: SANDRA MILES

DIR

01/06/2012

Electronic Signature of Signing Officer or Director

Date