



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000002444 1. Entity Name AFRICAN-AMERICAN BUSINESSES AND CONTRACTORS ASSOCIATION, INC.				FILED 05 MAR 15 PM 1:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5872 NORWOOD AVENUE JACKSONVILLE, FL 32208		Mailing Address 5872 NORWOOD AVENUE JACKSONVILLE, FL 32208			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 28655 Suite, Apt. #, etc.			
City & State Jacksonville, Florida		City & State Jacksonville, Florida			
Zip 32226		Zip 32226			
4. FEI Number		03152005 Chg-NP		CR2E037 (10/03)	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, JACQUELYNE 5872 NORWOOD AVENUE JACKSONVILLE, FL 32208-5013			7. Name and Address of New Registered Agent Name George Dixon Street Address (P.O. Box Number is Not Acceptable) 49 Santa Barber St City Yulee FL Zip Code 32297		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE 3/15/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, JACQUELYNE 5872 NORWOOD AVENUE JACKSONVILLE, FL 32208	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DIXON, GEORGE P.O. BOX 62309 JACKSONVILLE, FL 32220	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EVANS, RONALD N P.O. BOX 62309 JACKSONVILLE, FL 322082309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600049077906 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/24/05--01005--022 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING JR, WILLIE J P.O. BOX 28655 JACKSONVILLE, FL 322268655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600049077906 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/24/05--01005--023 **\$8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/15/05 Daytime Phone # 904 288-8225		