2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# N04000006156

Entity Name: FLORIDA BLACK CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

17 WEST MAXWELL STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

17 WEST MAXWELL STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 03-0543799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRANKLIN, EUGENE
945 WEST MICHIGAN AVENUE, SUITE 12-B
PENSACOLA, FL 32505 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:	DC	( ) Delete
Name:	FRANKLIN, EUGENE	
Address:	945 WEST MICHIGAN AVENUE, SUITE 12-B	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	DP	( ) Delete
Name:	HARRIS, HANK	
Address:	17 WEST MAXWELL STREET	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	CEO	( ) Delete
Name:	HARRIS, HANK	
Address:	17 WEST MAXWELL STREET	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	DT	( ) Delete
Name:	SIMS, DARNELL	
Address:	17 WEST MAXWELL STREET	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	DS	( ) Delete
Name:	MILLIONDER, CASSANDRA M	
Address:	800 ESCONDITAS PLACE	
City-St-Zip:	PENSACOLA, FL 32506	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CASSANDRA M. MILLIONDER DS 09/06/2005

Electronic Signature of Signing Officer or Director — Date