

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000006156

**FILED**  
**Oct 21, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA BLACK CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

945 W MICHIGAN AVE, STE 12B  
PENSACOLA, FL 32505

**New Principal Place of Business:**

615 NORTH  
PENSACOLA, FL 32505

**Current Mailing Address:**

945 W. MICHIGAN AVE, STE 12B  
5  
PENSACOLA, FL 3250

**New Mailing Address:**

615 NORTH  
PENSACOLA, FL 32505

**FEI Number:** 03-0543799      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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  
5553 SHADOW GROVE, BLVD  
PENSACOLA, FL 32526      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: EUGENE FRANKLIN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DC      ( ) Delete  
Name: FRANKLIN, EUGENE  
Address: 5553 SHADOW GROVE BLVD  
City-St-Zip: PENSACOLA, FL 32526

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 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: EUGENE FRANKLIN

RA

10/21/2008

Electronic Signature of Signing Officer or Director

Date