

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006156

FILED  
Apr 29, 2012  
Secretary of State

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

**Current Principal Place of Business:**

314 NORTH DEVILLIERS  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17743  
PENSACOLA, FL 32522 US

**New Mailing Address:**

**FEI Number:** 03-0543799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** FRANKLIN, EUGENE  
**Address:** 5553 SHADOW GROVE BLVD  
**City-St-Zip:** PENSACOLA, FL 32526

**Title:** DT  
**Name:** SMITH, FRANK J  
**Address:** 2306 MALYSIA PLACE  
**City-St-Zip:** PENSACOLA, FL 32504

**Title:** DS  
**Name:** GRIFFIN-EVANS, SONJA  
**Address:** 314 NORTH DEVILLIERS STREET  
**City-St-Zip:** PENSACOLA, FL 32501

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:** EUGENE FRANKLIN

DP

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date