2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2008
Secretary of State

DOCUMENT# N04000009651

Entity Name: FLORIDA MINORITY COMMUNITY REINVESTMENT COALITION, INC.

Current Principal Place of Business:

3308 PAXTON AVENUE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

3308 PAXTON AVENUE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-1324945 **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:

PINA, AL
3308 PAXTON AVENUE
TAMPA, FL 33611 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: CD ( ) Delete
Name: PINA, AL
Address: 3308 PAXTON AVENUE
City-St-Zip: TAMPA, FL 33611

Title: TD ( ) Delete
Name: BLACK, ELAINE
Address: 6015 N.W. 7TH AVENUE
City-St-Zip: MIAMI, FL 33127

Title: PD ( ) Delete
Name: RODRIQUEZ, FRANK
Address: 3308 PAXTON AVE
City-St-Zip: TAMPA, FL 33611

Title: PD ( ) Delete
Name: BRUCE, JOY
Address: 659 NE 125TH STREET
City-St-Zip: MIAMI, FL 33161

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:

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: AL PINA CHR 06/30/2008
Electronic Signature of Signing Officer or Director — Date