SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 8:56

DOCUMENT # N05096 (5)

1. Corporation Name

NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL O F FLORIDA, INC.

Principal Place of Business	Mailing Address
75 S. IVANHOE BLVD. ORLANDO FL 32804 US	75 S. IVANHOE BLVD. 120 UNIVERSITY PARK DRIVE. SUITE 170 ORLANDO FL 32804 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1984
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2547257 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for unemployment tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 7200 Lake Ellenor Dr	26 7200 Lake Ellenor Dr
22 Suite, Apt. #, etc. Suite 242	27 Suite, Apt. #, etc. Suite 242
23 City & State ORLANDO FL	28 City & State ORLANDO FL
24 Zip 32809 25 County Orange	29 Zip 32809 30 County Orange

9. Name and Address of Current Registered Agent

ALI, MALIK
545 VERN DRIVE
ORLANDO FL 32805

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE /s/ Malik Ali 6/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	ALI, MALIK	12 NAME		
STREET ADDRESS	545 VERN DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	CANTY, JAMES	22 NAME		
STREET ADDRESS	P. O. BOX 555837 MP 141	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	VPD	31 TITLE		☐ Change ☐ Addition
NAME	MULLINS, DEBORAH	32 NAME		
STREET ADDRESS	8800 ADAMO DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	Secretary D	☒ Change ☐ Addition
NAME	GAUVEY, HELEN	42 NAME	Theresa Jones	
STREET ADDRESS	11601 ROSSEVELT BLVD.	43 STREET ADDRESS	P.O. Box 4284 NA	
CITY-ST-ZIP	ST. PETE FL	44 CITY-ST-ZIP	Tampa FL.	
TITLE	TD	51 TITLE	Treasurer D.	☒ Change ☐ Addition
NAME	SANTIAGO, CARMEN	52 NAME	Jim Downing	
STREET ADDRESS	7393 SOUTHLAND BLVD.	53 STREET ADDRESS	390 N. Orange Ave	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	Orlando, FL 32802	
TITLE	MD	61 TITLE	Executive Director	☒ Change ☐ Addition
NAME	SMALLWOOD, TRACY	62 NAME	Mike Hewell	
STREET ADDRESS	75 S. IVANHOE BLVD.	63 STREET ADDRESS	7200 Lake Ellenor Dr	
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	ORLANDO, FL. 32809	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: /s/ Malik Ali MALIK ALI 6/16/95 407-828-3556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004538