2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# N05096

Entity Name: FLORIDA MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business:

6880 LAKE ELLENOR DRIVE
104 A
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

6880 LAKE ELLENOR DRIVE
104A
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-2547257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALI, MALIK
545 VERN DR
ORLANDO, FL 32805 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:	T	( ) Delete
Name:	BARRY, ROBERT	
Address:	7445 EXCHANGE DR	
City-St-Zip:	ORLANDO, FL 32809 US	
Title:	V	( ) Delete
Name:	SICA, NORMA MS	
Address:	6990 LAKE ELLENOR DRIVE	
City-St-Zip:	ORLANDO, FL 32809 US	
Title:	S	( ) Delete
Name:	NESBITT, VALERIE MS	
Address:	1020 DELTA BLVD DEPT 916	
City-St-Zip:	ATLANTA, GA 30320 US	
Title:	D	( ) Delete
Name:	MCCORMES BALLOU, ROBERT MR	
Address:	2200 OLD GERMANTOWN RD, MC 32B3633	
City-St-Zip:	DELRAY BEACH, FL 33445 US	
Title:	P	( ) Delete
Name:	ALI, MALIK MR	
Address:	545 VERN DR	
City-St-Zip:	ORLANDO, FL 32809 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	RENGEN, LI MR	
Address:	1 COCA COLA PLAZA	
City-St-Zip:	ATLANTA, GA 30313 US	
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 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: MALIK ALI P 01/09/2007

Electronic Signature of Signing Officer or Director — Date