

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011592

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

11380 NW 27TH AVE SUITE 1328
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

11380 NW 27TH AVE SUITE 1328
MIAMI, FL 33167

New Mailing Address:

FEI Number: 84-1725912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HILL, MARLON A ESQ
C/O DELANCYHILL, P.A.
200 S BISCAYNE BLVD SUITE 2750
MIAMI, FL 33131 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: D () Delete
Name: BRIDGEMAN, DEXTER
Address: 1756 N. BAYSHORE DRIVE, #31-A
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: KNOWLES, GORDON ERIC
Address: 2269 DAN MARINO BLVD
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D () Delete
Name: WEST, ALVIN
Address: 701 BRICKELL AVE 27TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: DIGGS, WILLIAM
Address: 11380 NW 27TH AVE SUITE 1328
City-St-Zip: MIAMI, FL 33167

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: WILLIAM DIGGS

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date