

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN -7 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20596

1. Entity Name
BLACK BUSINESS INVESTMENT FUND OF CENTRAL
FLORIDA, INC.



Principal Place of Business
315 E. ROBINSON ST. SUITE 660
ORLANDO, FL 32801 US

Mailing Address
315 E. ROBINSON ST. SUITE 660
ORLANDO, FL 32801 US

2. Principal Place of Business

3. Mailing Address



04062004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2861155

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, INEZ, J
315 E. ROBINSON ST., SUITE 222
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Inez Long

4/15/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME DAVIS, CALINS
STREET ADDRESS 315 E. ROBINSON STREET, SUITE 660
CITY-ST-ZIP ORLANDO, FL 32801

TITLE RDP ☐ Delete
NAME LONG, INEZ
STREET ADDRESS 315 E. ROBINSON STREET, SUITE 660
CITY-ST-ZIP ORLANDO, FL 32801

TITLE VCD ☐ Delete
NAME DAISY LYNN, COMMISSIONER
STREET ADDRESS 315 E. ROBINSON ST. SUITE 660
CITY-ST-ZIP ORLANDO, FL 32801

TITLE CD ☐ Delete
NAME ANDERSON, VERONICA
STREET ADDRESS 315 E. ROBINSON STREET SUITE 660
CITY-ST-ZIP ORLANDO, FL 32801

TITLE TD ☒ Delete
NAME LEDBETTER, WELDON
STREET ADDRESS 315 E. ROBINSON ST SUITE 660
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D ☐ Delete
NAME PIETERS, BRINDLEY
STREET ADDRESS 315 E. ROBINSON STREET SUITE 660
CITY-ST-ZIP ORLANDO, FL 32801

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Homer Hartage, Commissioner
STREET ADDRESS 315 E Robinson St, Suite 660
CITY-ST-ZIP Orlando, FL, 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 900037578703
STREET ADDRESS 06/02/04--01052--005 **70.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *John*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE:

Inez Long

4/15/04

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #