2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N20596

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

Current Principal Place of Business:

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

New Principal Place of Business:

401 N TRYON ST
NC1-021-02-20
CHARLOTTE, NC 28255 US

Current Mailing Address:

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

New Mailing Address:

401 N TRYON ST
NC1-021-02-20
CHARLOTTE, NC 28255 US

FEI Number: 59-2861155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, INEZ, J
315 E. ROBINSON ST.,SUITE 222
ORLANDO, FL 32801 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: HARTAGE, HOMER COM.
Address: 315 E. ROBINSON STREET, SUITE 660
City-St-Zip: ORLANDO, FL 32801

Title: RDP ( ) Delete
Name: LONG, INEZ
Address: 315 E. ROBINSON STREET, SUITE 660
City-St-Zip: ORLANDO, FL 32801

Title: VCD (X) Delete
Name: DAISY LYNN, COMMISSIONER
Address: 315 E. ROBINSON ST. SUITE 660
City-St-Zip: ORLANDO, FL 32801

Title: CD (X) Delete
Name: ANDERSON, VERONICA
Address: 315 E. ROBINSON STREET SUITE 660
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Delete
Name: PIETERS, BRINDLEY
Address: 315 E. ROBINSON STREET SUITE 660
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change ( ) Addition
Name: BLANDING, CLARA
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SRVP (X) Change ( ) Addition
Name: MAYS, SUSAN D
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

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 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 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: SUSAN D MAYS SRVP 04/26/2005
Electronic Signature of Signing Officer or Director Date