

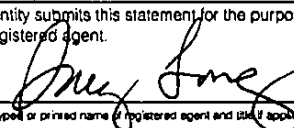
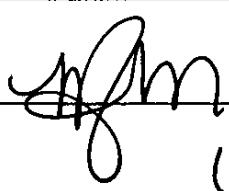
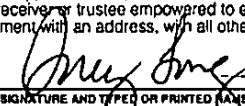
Amended

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

05 JUN 20 PM 3:51

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		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2861155	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONG, INEZ, J 315 E. ROBINSON ST., SUITE 222 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Inez Long Street Address (P.O. Box Number is Not Acceptable) 315 E. Robinson St, Suite 660 City Orlando FL 32808	
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  DATE 2/8/05 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTAGE, HOMER COM. 315 E. ROBINSON STREET, SUITE 660 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5/4/05 90148 007-80.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RDP LONG, INEZ 315 E. ROBINSON STREET, SUITE 660 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DAISY LYNN, COMMISSIONER 315 E. ROBINSON ST. SUITE 660 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANDERSON, VERONICA 315 E. ROBINSON STREET SUITE 660 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIETERS, BRINDLEY 315 E. ROBINSON STREET SUITE 660 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6/20/05	
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 all other like empowered.					
SIGNATURE: 			Date 2/8/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		