2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N20596

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

AKERMAN SITTERFIT
255 SOUTH ORANGE AVENUE
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:	CD	( ) Delete
Name:	PIETERS, BRINDLEY	
Address:	315 E ROBINSON STREET, STE. 660	
City-St-Zip:	ORLANDO, FL 32801 US	
Title:	D	( ) Delete
Name:	CITY OF ORLANDO	
Address:	315 E. ROBINSON ST., STE. 660	
City-St-Zip:	ORLANDO, FL 32801 US	
Title:	D	( ) Delete
Name:	ORANGE COUNTY BOARD OF COUNTY COMMISSIONER	
Address:	315 E. ROBINSON ST., STE. 660	
City-St-Zip:	ORLANDO, FL 32801 US	
Title:	TD	( ) Delete
Name:	NNADI, OLA	
Address:	315 E ROBINSON ST STE 660	
City-St-Zip:	ORLANDO, FL 32801 US	
Title:	SD	( ) Delete
Name:	DOWNS, CONNIE	
Address:	315 E ROBINSON ST STE 660	
City-St-Zip:	ORLANDO, FL 32801	

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:		
Title:	SD	(X) Change ( ) Addition
Name:	SUNTRUST BANK	
Address:	315 E ROBINSON ST STE 660	
City-St-Zip:	ORLANDO, FL 32801	

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: INEZ LONG O 04/30/2009

Electronic Signature of Signing Officer or Director — Date