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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21835** **(6)**

1. Corporation Name

FIRST COAST BLACK BUSINESS INVESTMENT CORPORATIO N

Principal Place of Business	Mailing Address
218 W. ADAMS ST. STE 504 JACKSONVILLE FL 32202	218 W. ADAMS ST. STE 504 JACKSONVILLE FL 32202-4326

3. Date Incorporated or Qualified: **07/31/1987**
3a. Date of Last Report: **02/27/1996**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: **59-2846145** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NELSON, TONY D.
218 W. ADAMS ST
SUITE 504
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	President / Director	☐ Change ☒ Addition
NAME	AIKENS, CHESTER		1.2 NAME	Tony D. Nelson	
STREET ADDRESS	A 305 EAST UNION ST		1.3 STREET ADDRESS	218 W. Adams St #504	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jax, Fl 32202	
TITLE	SD	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	DANFORD, RICHARD		2.2 NAME	Lydia Wooten	
STREET ADDRESS	233 WEST DUVAL STREET 14TH FLOOR		2.3 STREET ADDRESS	218 W. Adams St #504	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jax, Fl 32202	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PATTERSON, HENRY		3.2 NAME		
STREET ADDRESS	51 WEST BAY STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	President / Director	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, TONY D		4.2 NAME		
STREET ADDRESS	218 WEST ADAMS STREET SUITE 504		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S DIRECTOR REQUIRED 3/24/97 904 634-0543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 0003902