

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21892

FILED
Mar 02, 2009
Secretary of State

Entity Name: TAMPA BAY BLACK BUSINESS INVESTMENT CORPORATION, INC.

Current Principal Place of Business:

2105 N NEBRASKA AVE
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

2105 N NEBRASKA AVE
1ST FLOOR
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-2849315 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCRIVEN, LANSING C ESQ.
442 W. KENNEDY BLVD
SUITE 280
TAMPA, FL 33606 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: HIRES, ALMA
Address: 3919 W. PALMETTO STREET
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: PETERSON, RON
Address: 2 COLUMBIA DR
City-St-Zip: TAMPA, FL 33606

Title: P () Delete
Name: WIMBERLY, FRANCES
Address: 2105 N NEBRASKA AVE
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: NEWTON, ED
Address: 5401 W. WATERS AVENUE
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: BUTLER, SHAWNNA
Address: SYNOVUS BANK 5801 49TH ST. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D () Delete
Name: MANER, MACHELLE
Address: 100 S. ASHLEY STREET
City-St-Zip: TAMPA, FL 33602

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
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City-St-Zip:

Title: () Change () Addition
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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 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: FRANCES A WIMBERLY

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

Date