

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90117 020 \*\*\*\*61.25

**DOCUMENT # N22019**



1. Entity Name  
**FLORIDA ASSOCIATION OF MINORITY BUSINESS  
ENTERPRISE OFFICIALS, INC.**

Principal Place of Business  
**601 E. KENNEDY BLVD  
24TH FLOOR  
TAMPA, FL 33601 US**

Mailing Address  
**PO BOX 1110  
TAMPA, FL 33601 US**

**44052281**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09012004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0096981**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCOY, HARRY  
601 E KENNEDY BLVD  
TAMPA, FL 33601**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

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 **D** ☒ Delete  
NAME **BARR, JACQUELINE D**  
STREET ADDRESS **525 S MAGNOLIA AVE**  
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME **George Suh**  
STREET ADDRESS **300 S. Adams St**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **T** ☐ Delete  
NAME **CORDERO, JOSE A**  
STREET ADDRESS **102 E 7TH AVE**  
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **VICE PRES.** ☒ Change ☐ Addition  
NAME **FRANKLIN CROSS JR.**  
STREET ADDRESS **102 E. 7th Ave**  
CITY-ST-ZIP **TAMPA FL. 33602**

TITLE **D** ☐ Delete  
NAME **SMITH, JEFFRIE H.**  
STREET ADDRESS **400 S. ORANGE AVE.**  
CITY-ST-ZIP **ORLANDO, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **MCCOY, HARRY**  
STREET ADDRESS **601 E KENNEDY BLVD**  
CITY-ST-ZIP **TAMPA, FL 33601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **FITZHUGH LONG, ANN**  
STREET ADDRESS **400 E SOUTH ST 2ND FLOOR**  
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/3/04 (813) 276-2729**