

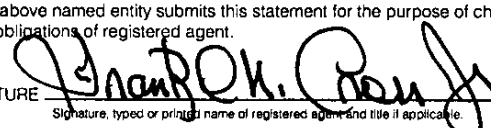



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005 8:00 am
Secretary of State

06-24-2005 90002 017 ****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	
2. Principal Place of Business 306 E. Jackson Street Suite, Apt. #, etc. 7E		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Tampa, Florida		City & State		4. FEI Number 65-0096981	
Zip 33602		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCOY, HARRY 601 E KENNEDY BLVD TAMPA, FL 33601				7. Name and Address of New Registered Agent Name Franklin Cross Jr. Street Address (P.O. Box Number is Not Acceptable) 306 E. Jackson Street 7E City Tampa FL Zip Code 33602	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S SUHR, GEORGE STREET ADDRESS 300 S ADAMS ST CITY-ST-ZIP TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T CORDERO, JOSE A STREET ADDRESS 102 E 7TH AVE CITY-ST-ZIP TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE	VP D Ben Harris STREET ADDRESS 300 S. Adams Street CITY-ST-ZIP Tallahassee, Florida 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D SMITH, JEFFRIE H. STREET ADDRESS 400 S. ORANGE AVE. CITY-ST-ZIP ORLANDO, FL	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T MCCOY, HARRY STREET ADDRESS 601 E KENNEDY BLVD CITY-ST-ZIP TAMPA, FL 33601	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V CROSS, FRANKLIN JR STREET ADDRESS 102 E 7TH AVE CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE	PD Cross, Franklin Jr. STREET ADDRESS 306 E Jackson Street 7E CITY-ST-ZIP Tampa, Florida 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	