

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22019

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

306 E JACKSON STREET
7E
TAMPA, FL 33602 US

New Principal Place of Business:

300 S. ADAMS STREET, MAIL BOX A-11
TALLAHASSEE, FL 32301 US

Current Mailing Address:

PO BOX 172366
TAMPA, FL 33672 US

New Mailing Address:

FEI Number: 65-0096981 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CROSS, JR, FRANKLIN U
306 E JACKSON STREET 7E
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

HARRIS, BEN
300 S. ADAMS STREET, MAIL BOZ A-11
TALLAHASSEE, FL 32301 US

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: BEN HARRIS

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: RIOS, CYNTHIA
Address: 400 EAST SOUTH STREET, SECOND FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: DV () Delete
Name: HARRIS, BEN
Address: 300 S ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD () Delete
Name: CROSS, FRANKLIN JR
Address: 306 E JACKSON STREET, 7E
City-St-Zip: TAMPA, FL 33602

Title: T (X) Delete
Name: MARRERO, DENISE M
Address: P.O. BOX 613069
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARRIS, BEN
Address: 300 S. ADAMS STREET, MAIL BOZ A-11
City-St-Zip: TALLAHASSEE, FL 32301

Title: T (X) Change () Addition
Name: MARRERO, DENISE
Address: P.O. BOX 613069
City-St-Zip: OCOEE, FL 34761

Title: S (X) Change () Addition
Name: BROWN, JAZZMIN
Address: P.O. BOX 1289
City-St-Zip: TAMPA, FL 33607

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: DENISE M. MARRERO

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04/20/2009

Electronic Signature of Signing Officer or Director

Date