

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22019

FILED
Jan 06, 2010
Secretary of State

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

Current Principal Place of Business:

300 S. ADAMS STREET, MAIL BOX A-11
MINORITY BUSINESS ENTERPRISE OFFICE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 172366
TAMPA, FL 33672 US

New Mailing Address:

PO BOX 147
TALLAHASSEE, FL 32302 US

FEI Number: 65-0096981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HARRIS, BEN
300 S. ADAMS STREET, MAIL BOX 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:

01/06/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HARRIS, BEN
Address: 300 S. ADAMS STREET, MAIL BOX A-11
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP
Name: PAMELA, HART
Address: 50 S. MILITARY TRAIL, SUITE # 209
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T
Name: DAVIS-PAIGE, BONITA
Address: 300 S. ADAMS STREET, MAIL BOX A-11
City-St-Zip: TALLAHASSEE, FL 32301

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

I hereby 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 all other like empowered.

SIGNATURE: BONITA DAVIS PAIGE

T

01/06/2010

Electronic Signature of Signing Officer or Director

Date