2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26352

FILED Apr 21, 2005 Secretary of State

Entity Name: THE FLORIDA BLACK BUSINESS SUPPORT CORPORATION

Current Principal Place of Business: New Principal Place of Business: 1711 S GADSDEN ST TALLAHASSEE, FL 32301 US **Current Mailing Address: New Mailing Address:** 1711 S GADSDEN ST TALLAHASSEE, FL 32301 US FEI Number: 59-2905048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SICLAIT, RAOUL 1711 S GADSDEN ST 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition STOKES, CURTIS RAWLS, MICKEY Name: Name: 1711 S GADSDEN ST Address: 1711 S GADSDEN ST Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 Title: () Delete Title: () Change () Addition ANDERSON, VERONICA Name: Name: Address: 1711 SOUTH GADSEN STREET Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: () Change () Addition SICLAIT, RAOUL Name: Name: 1711 S GADSDEN ST Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BROOKS, THEODORE Name: WARREN, CLEVE Address: 1711 S GADSDEN ST Address: 1711 S GADSDEN ST City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 Title: () Delete Title: () Change () Addition LITTLE, SONYA Name: Name: 1711 S GADSDEN ST Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: (X) Change () Addition HENRY, BOBBY KEYS, BRADY Name: Name: Address: 1711 S GADSDEN ST Address: 1711 S GADSDEN ST TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAOUL SICLAIT CD 04/21/2005