

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26352

FILED
Apr 25, 2008
Secretary of State

Entity Name: THE FLORIDA BLACK BUSINESS SUPPORT CORPORATION

Current Principal Place of Business:

2019 CENTRE POINTE BLVD.
STE 101
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2019 CENTRE POINTE BLVD.
STE 101
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2905048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOVERA, MARK A
2019 CENTRE POINTE BLVD.
STE 101
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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:

Title: CD () Delete
Name: VILLAIN, JEAN-MARC
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: RAWLS, MICKEY
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: FANCHER, STEPHEN
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: WILLIAMS, MARIAM
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: TELFAIR, EUGENE
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: RAWLS, MICKEY
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Change () Addition
Name: PONTILLO, SALVATORE
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Change () Addition
Name: FRANKLIN, EUGENE
Address: 2019 CENTRE POINTE BLVD. STE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK A. SCOVERA

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04/25/2008

Electronic Signature of Signing Officer or Director

Date