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Feb 13 1997 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39453 (8)

1. Corporation Name
NORTHWEST FLORIDA BLACK BUSINESS INVESTMENT CORPORATION



Principal Place of Business: 2262 N. MONROE TALLAHASSEE FL 32303
Mailing Address: P.O. BOX 10782 TALLAHASSEE FL 32302-2782

3. Date Incorporated or Qualified: 08/10/1990
3a. Date of Last Report: 04/29/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-3001127	Not Applicable
22	22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIAMS, J.B. 2262 N. MONROE TALLAHASSEE FL 32303		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, J.B.	1.2 NAME	
STREET ADDRESS	2262 N. MONROE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	
TITLE	C/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUMBLER, BRENT	2.2 NAME	
STREET ADDRESS	315 S. CALHOUN	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INZER, ROBERT	3.2 NAME	
STREET ADDRESS	300 S. ADAMS	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, RONALD	4.2 NAME	RONALD TOWNSEND
STREET ADDRESS	302 N. BARCELONA	4.3 STREET ADDRESS	302 BARCELONA
CITY-ST-ZIP	TALLAHASSEE FL 32501	4.4 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	DVC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HULL, DECK	5.2 NAME	RONNIE ADAMS
STREET ADDRESS	P O BOX 2180 N/A	5.3 STREET ADDRESS	601 DAVID AVE
CITY-ST-ZIP	PANAMA CITY FL 32340	5.4 CITY-ST-ZIP	SPRINGFIELD, FL 32404
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONALEZ, HANK	6.2 NAME	KENNETH BARBER
STREET ADDRESS	P.O. BOX 12750 N/A	6.3 STREET ADDRESS	2262 MONROE ST NORTH
CITY-ST-ZIP	PENSACOLA FL 32501	6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] REQUIB B Williams Date: 2/12/97

CR2E037 (9/96)