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 Feb 05 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
 2262 N. MONROE TALLAHASSEE FL 32303 P.O. BOX 10782 TALLAHASSEE FL 32302

3. Date Incorporated or Qualified
 08/10/1990
 4. FEI Number
 59-3001127
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 601 W. BREVARD ST 28
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Tallahassee 28
 Zip 24 32304 25 Country 29 LEON 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 WILLIAMS, J.B.
 2262 N. MONROE
 TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number Not Applicable)
 601 W. BREVARD ST
 83
 84 City Tallahassee FL 85 Zip Code 32304

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	WILLIAMS, J.B.	
STREET ADDRESS	2262 N. MONROE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	C/D	<input type="checkbox"/> DELETE
NAME	CHUMBLER, BRENT	
STREET ADDRESS	315 S. CALHOUN	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	INZER, ROBERT	
STREET ADDRESS	300 S. ADAMS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOWNSEND, RONALD	
STREET ADDRESS	302 N. BARCELONA	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D/V/C	<input type="checkbox"/> DELETE
NAME	ADAMS, RONNE	
STREET ADDRESS	601 DAVID AVE	
CITY-ST-ZIP	SPRINGFIELD FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BARBER, KENNETH	
STREET ADDRESS	2262 MONROE ST NORTH	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: _____

1-26-98 850
 224-1800

CR2E037 (10/97)