


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90022 005 ****61.25

DOCUMENT # N39453
1. Entity Name
NORTHWEST FLORIDA BLACK BUSINESS INVESTMENT CORPORATION



Principal Place of Business
**538 E PARK AVE
STE 103
TALLAHASSEE FL 32301
US**

Mailing Address
**P.O. BOX 10782
TALLAHASSEE FL 32302**

44019397



MOORE CR2E037 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3001127**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WILLIAMS, J.B.
538 E PARK AVE
SUITE 103
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

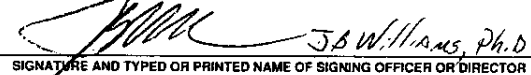
10. OFFICERS AND DIRECTORS

TITLE NAME	P WILLIAMS, J.B.	<input type="checkbox"/> Delete
STREET ADDRESS	538 E PARK AVE STE 103	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE NAME	C/D CHUMBLER, BRENT	<input type="checkbox"/> Delete
STREET ADDRESS	538 E PARK AVE STE 103	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE NAME	D INZER, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	538 E PARK AVE STE 103	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE NAME	D TOWNSEND, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS	302 N. BARCELONA	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE NAME	D/VC ADAMS, RONNIE	<input type="checkbox"/> Delete
STREET ADDRESS	601 DAVID AVE	
CITY-ST-ZIP	SPRINGFIELD FL	
TITLE NAME	DS BARBER, KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS	538 E. PARK AVE STE 103	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **J.B. Williams, Ph.D.** **3/15/4**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #