

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 18, 2005
Secretary of State**

DOCUMENT# N39453

Entity Name: NORTHWEST FLORIDA BLACK BUSINESS INVESTMENT CORPORATION

Current Principal Place of Business:

538 E PARK AVE
STE 103
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10782
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3001127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, J.B.
538 E PARK AVE
SUITE 103
TALLAHASSEE, FL 32301 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: P () Delete
Name: WILLIAMS, J.B.
Address: 538 E PARK AVE STE 103
City-St-Zip: TALLAHASSEE, FL 32301

Title: C/D () Delete
Name: CHUMBLER, BRENT
Address: 538 E PARK AVE STE 103
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: INZER, ROBERT
Address: 538 E PARK AVE STE 103
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: TOWNSEND, RONALD
Address: 302 N. BARCELONA
City-St-Zip: TALLAHASSEE, FL

Title: D/V/C () Delete
Name: ADAMS, RONNIE
Address: 601 DAVID AVE
City-St-Zip: SPRINGFIELD, FL

Title: DS () Delete
Name: BARBER, KENNETH
Address: 538 E. PARK AVE STE 103
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: DR. JB WILLIAMS

P

04/18/2005

Electronic Signature of Signing Officer or Director

Date