

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90082 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**



2. Principal Place of Business: Suite, Apt. #, etc.
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**

1st MOORE CR2E037 (10/05)

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS
STREET ADDRESS	SHERWOOD BROWN, SR. 538 E. PARK AVE #103
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

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