

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39453

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**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  
Name: WILLIAMS, J.B.  
Address: 538 E PARK AVE STE 103  
City-St-Zip: TALLAHASSEE, FL 32301

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

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

Title: DS  
Name: BROWN, SHERWOOD SR.  
Address: 538 E. PARK AVE #103  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D/VC  
Name: ADAMS, RONNIE  
Address: 601 DAVID AVE  
City-St-Zip: SPRINGFIELD, FL 32404

I hereby 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 all other like empowered.

SIGNATURE: DR. JB WILLIAMS

PRES

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date