

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005799

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: MINORITY/WOMEN BUSINESS ENTERPRISE ALLIANCE, INC.

## Current Principal Place of Business:

135 E. COLONIAL DRIVE  
2ND FLOOR  
ORLANDO, FL 32801 US

## New Principal Place of Business:

## Current Mailing Address:

135 E. COLONIAL DRIVE  
2ND FLOOR  
ORLANDO, FL 32801 US

## New Mailing Address:

FEI Number: 59-3286950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WALKER, SHIRLEY A  
135 E. COLONIAL DRIVE  
2ND FLOOR  
ORLANDO, FL 32801 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: DCH ( ) Delete  
Name: CAMPBELL, EUGENE  
Address: 135 E. COLONIAL DR, 2ND FL  
City-St-Zip: ORLANDO, FL 32801

Title: DVC ( ) Delete  
Name: STEWART, LARRY  
Address: 135 E COLONIAL DR, 2ND FL  
City-St-Zip: ORLANDO, FL 32801

Title: SEC ( ) Delete  
Name: MOSS, RODGER D  
Address: 135 E COLONIAL DRIVE, 2 FL  
City-St-Zip: ORLANDO, FL 32801

Title: DT ( ) Delete  
Name: ATKINS-BRADLEY, VERNICE  
Address: 135 E COLONIAL DRIVE, 2ND FLOOR  
City-St-Zip: ORLANDO, FL 32801

Title: PD (X) Delete  
Name: WALKER, SHIRLEY A  
Address: 135 E. COLONIAL DR, 2ND FL  
City-St-Zip: ORLANDO, FL 32801

## 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: PD (X) Change ( ) Addition  
Name: WALKER, SHIRLEY A  
Address: 135 E COLONIAL DRIVE, 2 FL  
City-St-Zip: ORLANDO, FL 32801

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHIRLEY A. WALKER

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date