

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002375 (2)

1. Corporation Name

THE FLORIDA CHAPTER OF MINORITY & SMALL BUSINESS
ASSOCIATION, INC.

Principal Place of Business

2219 FLINT DRIVE
FT. MYERS FL 33916

Mailing Address

2219 FLINT DRIVE
FT. MYERS FL 33916



3. Date Incorporated or Qualified
05/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FBI Number

65-0603126

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASSETT, JUDY
2219 FLINT DRIVE
FT. MYERS FL 33916

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and office of applicable

(If the Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BARRETT, JUDY | |
| STREET ADDRESS | % 2219 FLINT DRIVE | |
| CITY-ST-ZIP | FT MYERS FL 33916 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CARTER, JANAH | |
| STREET ADDRESS | % 2219 FLINT DRIVE | |
| CITY-ST-ZIP | FT MYERS FL 33916 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BASSETT, RONALD | |
| STREET ADDRESS | % 2219 FLINT DRIVE | |
| CITY-ST-ZIP | FT MYERS FL 33916 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COLE, LEE | |
| STREET ADDRESS | % 2219 FLINT DRIVE | |
| CITY-ST-ZIP | FT MYERS FL 33916 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SELLERS, SUSAN | |
| STREET ADDRESS | % 2219 FLINT DRIVE | |
| CITY-ST-ZIP | FT MYERS FL 33916 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Vice President |
| 2.3 STREET ADDRESS | Saldana, George |
| 2.4 CITY-ST-ZIP | 2219 Flint Drive Ft. Myers, FL 33916 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

941-334-1190

Daytime Phone

CR2E037 (12/95)

95-27-1996