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May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State * DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003118 (4)**

1. Corporation Name

BLACK BUSINESS ASSOCIATION OF BREVARD, INC.



Principal Place of Business 956 N. U.S. 1 SUITE 1107 COCOA FL 32922	Mailing Address 956 N. U.S. 1 SUITE 1107 COCOA FL 32922-7569
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3. Date Incorporated or Qualified 06/10/1996	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 560099
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Rockledge, FL
Zip 24	Country 25
29 32956-0099	30 Brevard

4. FEI Number 59-3393607	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WOODWARD, LAVERNE WILCOX 956 N. U.S. 1 SUITE 1107 COCOA FL 32922	
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81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOODARD, LAVERNE WILCOX	
STREET ADDRESS	956 N. U.S. 1, STE 1107	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GILBERT, ANDREW	
STREET ADDRESS	6787 N. WICKHAM RD. #111	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DCS	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, MARILYN	
STREET ADDRESS	252 BARTRON BLVD. #1801	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAKER, MARY	
STREET ADDRESS	1451A UNIVERSITY BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, PEARL CROSSBY	
STREET ADDRESS	550 S. COCOA BLVD.	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SMITH-GREGORY, DENISE	
STREET ADDRESS	178 MARITIME PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mary Lee Baker* (MARY LEE BAKER) **2/11/97 (407) 7278426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019005

CR2E037 (9/96)