

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90069 017 ****70.00

DOCUMENT # N97000000840

1. Corporation Name

ST. PETERSBURG BLACK CHAMBER OF COMMERCE, INC.

Principal Place of Business
1371 16TH ST., S.
ST. PETERSBURG FL 33712

Mailing Address
1371 16TH ST., S.
ST. PETERSBURG FL 33712



| | | | | | |
|--------------------------------|--|------------------------|--|-----------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 P.O. BOX 17033 | | 02/12/1997 | |
| 22 City & State | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 Zip | | 28 ST PETERSBURG, FL. | | 59-3427351 | |
| 24 Country | | 29 33733 | | 30 USA | |
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9. Name and Address of Current Registered Agent

CARPENTER, ALONZA
1371 16TH STREET SOUTH
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|-------------------------|---|-------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | 1.1 TITLE | D/P |
| NAME | CARPENTER, ALONZA | 1.2 NAME | CARPENTER, ALONZA |
| STREET ADDRESS | 411 MADISON ST., S. | 1.3 STREET ADDRESS | 1480 YALE ST SO |
| CITY-ST-ZIP | ST. PETERSBURG FL 33712 | 1.4 CITY-ST-ZIP | ST PETERSBURG, FL 33712 |
| TITLE | D | 2.1 TITLE | D/VP |
| NAME | TAMPA, RAYMOND | 2.2 NAME | WALKER, KATRINA D |
| STREET ADDRESS | 4663 REDFISH LN., S.E. | 2.3 STREET ADDRESS | 4201 TROUT DR SE |
| CITY-ST-ZIP | ST. PETERSBURG FL 33705 | 2.4 CITY-ST-ZIP | ST PETERSBURG, FL 33705 |
| TITLE | D | 3.1 TITLE | D/SEC |
| NAME | CUTLIFF, YATE K | 3.2 NAME | SNODAD, FANNIE |
| STREET ADDRESS | 301 42ND ST., S. | 3.3 STREET ADDRESS | 2319 41TH ST SO |
| CITY-ST-ZIP | ST. PETERSBURG FL 33713 | 3.4 CITY-ST-ZIP | ST PETERSBURG, FL 33711 |
| TITLE | D | 4.1 TITLE | D/TRES. |
| NAME | ATWATER, ELZO JR. | 4.2 NAME | MOBLEY ROBIN |
| STREET ADDRESS | 6655 10TH AVE., N. | 4.3 STREET ADDRESS | 1535 27TH ST SO |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | 4.4 CITY-ST-ZIP | ST PETERSBURG, FL 33712 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED / APRIL 99

Date

Daytime Phone #

(787) 327-2180

CR2E037 (1/98)