


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90043 048 \*\*\*\*70.00

<b>DOCUMENT # N97000007215</b>															
<b>1. Entity Name</b> EAST CENTRAL FLORIDA BLACK BUSINESS INVESTMENT CORPORATION															
<b>Principal Place of Business</b> 520 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114			<b>Mailing Address</b> P.O. BOX 15065 DAYTONA BEACH, FL 32115-5065												
<b>2. Principal Place of Business - No P.O. Box #</b> 847 Orange Avenue		<b>3. Mailing Address</b> Suite, Apt. #, etc.													
Suite, Apt. #, etc.		Suite, Apt. #, etc.													
<b>City &amp; State</b> Daytona Beach		<b>City &amp; State</b> FL		<b>4. FEI Number</b> 59-3550195											
<b>Zip</b> 32114		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>											
<b>6. Name and Address of Current Registered Agent</b> CHESTER, GERALD O 520 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114			<b>7. Name and Address of New Registered Agent</b> Name: <u>Gerald Chester, Gerald O.</u> Street Address (P.O. Box Number is Not Acceptable): <u>847 Orange Avenue</u> City: <u>Daytona Beach</u> <b>FL</b> <u>32114</u>												
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>															
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>															
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>											
<b>Make check payable to Florida Department of State</b>															
<b>10. OFFICERS AND DIRECTORS</b>															
<b>TITLE</b> P <b>NAME</b> CHESTER, GERALD O <b>STREET ADDRESS</b> 1620 5TH ST. <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32117	<input type="checkbox"/> Delete														
<b>TITLE</b> D <b>NAME</b> GAMBLE, PETE <b>STREET ADDRESS</b> 42 CHINA MOON DR. <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32714	<input type="checkbox"/> Delete														
<b>TITLE</b> CP <b>NAME</b> GREEN, SHIRLEY <b>STREET ADDRESS</b> 128 A ORANGE AVENUE <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete														
<b>TITLE</b> D <b>NAME</b> SMITH, SHIRLEY <b>STREET ADDRESS</b> 441 SEABREEZE BLVD. <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete														
<b>TITLE</b> D <b>NAME</b> SMITH, WRIGHT <b>STREET ADDRESS</b> 302 EAST NEW YORK AVENUE <b>CITY-ST-ZIP</b> DELAND, FL 32724	<input type="checkbox"/> Delete														
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete														
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> </td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> <tr> <td style="padding: 5px;"> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> </td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> <tr> <td style="padding: 5px;"> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> </td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> <tr> <td style="padding: 5px;"> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> </td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> <tr> <td style="padding: 5px;"> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> </td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             </td> </tr> </table>						<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>															
<b>SIGNATURE:</b> _____ <span style="float: right;">4/30/07 386-226-1216</span>															
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>															