

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003926

FILED
Jan 07, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA CHAPTER, NATIONAL BLACK MBA ASSOCIATION, INC.

Current Principal Place of Business:

1288 MELONTREE CT
GOTHA, FL 34734

New Principal Place of Business:

Current Mailing Address:

PO BOX 692696
ORLANDO, FL 328692696

New Mailing Address:

FEI Number: 59-3692964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, DANA M
1288 MELONTREE CT
GOTHA, FL 34734 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: VPOM () Delete
Name: WATKINS, BELINDA
Address: PO BOX 692696
City-St-Zip: ORLANDO, FL 32869

Title: P () Delete
Name: CAMPBELL, EUGENE JR.
Address: 3269 HAWK'S NEST DRIVE
City-St-Zip: KISSIMMEE, FL 34741

Title: VP () Delete
Name: GRAY, LESLIE
Address: PO BOX 692696
City-St-Zip: ORLANDO, FL 32869

Title: TD () Delete
Name: LEWIS, DANA
Address: 1288 MELONTREE CT.
City-St-Zip: GOTHA, FL 34734

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: GRAY, LESLIE JR.
Address: PO BOX 692696
City-St-Zip: ORLANDO, FL 32869

Title: VPA (X) Change () Addition
Name: CARTER, NATANYNI
Address: PO BOX 692696
City-St-Zip: ORLANDO, FL 32869

Title: VPO (X) Change () Addition
Name: CLARKE, KEVIN
Address: PO BOX 692696
City-St-Zip: ORLANDO, FL 32869

Title: AT () Change (X) Addition
Name: KEITH, CURTIS
Address: PO BOX 692696
City-St-Zip: ORLANDO, FL 32869

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: DANA M. LEWIS

TD

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date