

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003926

FILED
May 29, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: GRAY, LESLIE JR.
Address: PO BOX 692696
City-St-Zip: ORLANDO, FL 32869

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

_____ Electronic Signature of Signing Officer or Director

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05/29/2009

_____ Date