

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39453

**FILED**  
**Apr 01, 2014**  
**Secretary of State**  
**CC1021794829**

**Entity Name:** NORTHWEST FLORIDA BLACK BUSINESS INVESTMENT CORPORATION

**Current Principal Place of Business:**

538 E PARK AVE  
STE 103  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

538 E PARK AVE  
STE 103  
TALLAHASSEE, FL 32301 US

**FEI Number: 59-3001127**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILLIAMS, J.B.  
538 E PARK AVE  
SUITE 103  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title P  
Name WILLIAMS, J.B.  
Address 538 E PARK AVE STE 103  
City-State-Zip: TALLAHASSEE FL 32301

Title C/D  
Name CHUMBLER, BRENT  
Address 538 E PARK AVE STE 103  
City-State-Zip: TALLAHASSEE FL 32301

Title D  
Name INZER, ROBERT  
Address 538 E PARK AVE STE 103  
City-State-Zip: TALLAHASSEE FL 32301

Title DS  
Name BROWN, SHERWOOD SR.  
Address 538 E. PARK AVE #103  
City-State-Zip: TALLAHASSEE FL 32301

Title D/VC  
Name ADAMS, RONNIE  
Address 601 DAVID AVE  
City-State-Zip: SPRINGFIELD FL 32404

*I hereby 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 all other like empowered.*

**SIGNATURE: WILLIAMS, J.B.**

**PRESIDENT**

**04/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date