

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 24, 2009  
Secretary of State

DOCUMENT# N00000003268

**Entity Name:** NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES SOUTH FLORIDA  
CHAPTER, INC.

**Current Principal Place of Business:**

4300 NW 36 STREET  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 246316  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

PO BOX 246316  
PEMBROKE PINES, FL 33024

FEI Number: 20-5723389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMALLING, ANDREW  
4300 NW 36 STREET  
LAUDERDALE LAKES, FL 33319 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: P ( ) Delete  
Name: SMALLING, ANDREW  
Address: 4300 NW 36 STREET  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: T ( ) Delete  
Name: HOUSTON, CAROL  
Address: 5080 COCONUT CREEK PKWAY  
City-St-Zip: MARGATE, FL 33063

Title: VD ( ) Delete  
Name: THOMAS, SHELIA  
Address: PO BOX 246316  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD ( ) Delete  
Name: BROWDY, SHIRLEY  
Address: PO BOX 246316  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: HOUSTON, CAROL  
Address: P.O. BOX 246316  
City-St-Zip: PEMBROKE PINES, FL 33024

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: ANDREW SMALLING

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date