

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003268

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**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:**

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

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

Title: VD  
Name: GARLAND, KATHY  
Address: PO BOX 246316  
City-St-Zip: PEMBROKE PINES, FL 33024

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

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: CAROL HOUSTON

T

03/23/2011

Electronic Signature of Signing Officer or Director

Date