

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90207 013 \*\*\*\*61.25

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**DOCUMENT # N00000003268**

1. Entity Name

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



Principal Place of Business

PO BOX 521145  
MIAMI FL 33152

Mailing Address

PO BOX 521145  
MIAMI FL 33152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THOMPSON, CHARLES**  
**10800 SW 211 STREET**  
**MIAMI FL 33189**

7. Name and Address of New Registered Agent

Name: **CHARLES K. THOMPSON**

Street Address (P.O. Box Number is Not Acceptable)  
**4900-D S.W. 149 COURT**

City **MIAMI**

FL

Zip Code **33185**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Charles K. Thompson*

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **P KNIGHT, THADDEUS**  
STREET ADDRESS **16320 N.W. 2ND AVENUE**  
CITY-ST-ZIP **NORTH MIAMI FL 33169**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SGTA DAWSON, SILVESTER**  
STREET ADDRESS **P.O. BOX 16007**  
CITY-ST-ZIP **WEST PALM BEACH FL 33416**

TITLE  Change  Addition  
NAME **Creddie [unclear]**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **T. HOUSTON, CAROL**  
STREET ADDRESS **5080 COCONUT CREEK PKWAY**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PD THOMPSON, CHARLES**  
STREET ADDRESS **P.O. BOX 570286**  
CITY-ST-ZIP **MIAMI FL 33257**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VD LAWRENCE, LONNIE**  
STREET ADDRESS **831 N.W. 207TH STREET**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE  Change  Addition  
NAME **Gerald Darling**  
STREET ADDRESS **400N W 240E**  
CITY-ST-ZIP **MIAMI FL 33128**

TITLE  Delete  
NAME **SD BROWDY, SHIRLEY**  
STREET ADDRESS **7265 N.W. 25TH STREET**  
CITY-ST-ZIP **MIAMI FL 33122**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **1030 NW 11th AVE**  
CITY-ST-ZIP **MIAMI, FL 33172**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)