2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# N93000002548

Entity Name: TAMPA BAY ASSOCIATION OF BLACK LAW ENFORCEMENT OFFICERS, INC.

Current Principal Place of Business:

ABLE
P.O. BOX 173078
TAMPA, FL 336881078

New Principal Place of Business:

Current Mailing Address:

ABLE
P.O. BOX 173078
TAMPA, FL 336721078

New Mailing Address:

FEI Number: 59-3317503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, MARION S
5633 FOXTAIL CT.
WESLEY CHAPEL, FL 33543 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: PD ( ) Delete
Name: LEWIS, MARION S
Address: 708 EAST MCEWEN AVENUE
City-St-Zip: TAMPA, FL 33612

Title: TD ( ) Delete
Name: JOHNSON, CALVIN
Address: 411 N. FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: SD ( ) Delete
Name: GUDES, ORLANDO
Address: 411 N. FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: SD ( ) Delete
Name: LENNER, EVONSKI L
Address: 411 N. FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: VPD ( ) Delete
Name: NORRIS, KENNY
Address: 411 N. FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: CD ( ) Delete
Name: BATCHELOR, C. T. REV.
Address: 411 N. FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEWIS, MARION S
Address: 5633 FOXTAIL CT.
City-St-Zip: WESLEY CHAPEL, FL 33543

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 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 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: MARION S. LEWIS PD 04/06/2004

Electronic Signature of Signing Officer or Director — Date