

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2005  
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: 5633 FOXTAIL CT.  
City-St-Zip: WESLEY CHAPEL, FL 33543

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

Title: SD      ( ) Delete  
Name: GODES, 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:      ( ) 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:

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 LEWIS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

04/27/2005

\_\_\_\_\_  
Date