

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003268

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

**FILED**  
**Mar 02, 2019**  
**Secretary of State**  
**2084680345CC**

**Current Principal Place of Business:**

1702 SW COMFORT STREET  
PORT SAINT LUCIE, FL 34987

**Current Mailing Address:**

PO BOX 246316  
PEMBROKE PINES, FL 33024

**FEI Number: 20-5723389**

**Certificate of Status Desired: Yes**

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

PRICE, REGINA  
1702 SW COMFORT STREET  
PORT SAINT LUCIE, FL 34987 US

*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: REGINA PRICE

03/02/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HUNTER, DARRELL  
Address        PO BOX 246316  
City-State-Zip: PEMBROKE PINES FL 33024

Title           VP  
Name           DANIELS, STEPHANIE  
Address        PO BOX 246316  
City-State-Zip: PEMBROKE PINES FL 33024

Title           RECORDING SECRETARY  
Name           JACKSON, MONTOYA  
Address        PO BOX 246316  
City-State-Zip: PEMBROKE PINES FL 33024

Title           FINANCIAL SECRETARY  
Name           WILLIAMS, LEZLYE  
Address        PO BOX 246316  
City-State-Zip: PEMBROKE PINES FL 33024

Title           PARLIAMENTARY  
Name           KNIGHT, THADDEUS  
Address        PO BOX 246316  
City-State-Zip: PEMBROKE PINES FL 33024

Title           SERGEANT AT ARMS  
Name           DILLARD, ELISE  
Address        PO BOX 246316  
City-State-Zip: PEMBROKE PINES FL 33024

Title           PRESIDENT  
Name           PRICE , REGINA  
Address        1702 SW COMFORT STREET  
City-State-Zip: PORT SAINT LUCIE FL 34987

*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: DARRELL HUNTER

TREASURER

03/02/2019

Electronic Signature of Signing Officer/Director Detail

Date