

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003268

**FILED**  
**Jan 27, 2020**  
**Secretary of State**  
**2243495277CC**

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

**Current Principal Place of Business:**

9105 NW 25TH STREET  
DORAL, FL 33172

**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:**

DANIELS, STEPHANIE  
9105 NW 25TH STREET  
DORAL, FL 33172 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:** STEPHANIE DANIELS

01/27/2020

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           HIGHTOWER, SELINA  
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           IMMEDIATE PAST - PRESIDENT  
Name           PRICE, REGINA  
Address        PO BOX 246316  
City-State-Zip: PEMBROKE PINES FL 33024

Title           PRESIDENT  
Name           DANIELS, STEPHANIE  
Address        PO BOX 246316  
City-State-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:** DARRELL K HUNTER

TREASURER

01/27/2020

Electronic Signature of Signing Officer/Director Detail

Date