

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003268

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

**FILED**  
**Mar 15, 2022**  
**Secretary of State**  
**1588691222CC**

**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**

**03/15/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE VICE PRESIDENT  
Name HUNTER, DARRELL  
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 LOUIS, JAMES  
Address PO BOX 246316  
City-State-Zip: PEMBROKE PINES FL 33024

Title CORRESPONDING SECRETARY  
Name JUDON, VIOLA  
Address PO BOX 246316  
City-State-Zip: PEMBROKE PINES FL 33024

Title PRESIDENT  
Name BROWN, PATRICIA  
Address PO BOX 246316  
City-State-Zip: PEMBROKE PINES FL 33024

Title TREASURER  
Name BERNARD, SERAPHIN  
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: SERAPHIN BERNARD**

**TREASURER**

**03/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date