

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762228

FILED
May 12, 2007
Secretary of State

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

Current Principal Place of Business:

N. O. B. L. E.
P. O. BOX 310298
TAMPA, FL 336800298 US

New Principal Place of Business:

Current Mailing Address:

N. O. B. L. E.
P. O. BOX 310298
TAMPA, FL 336800298 US

New Mailing Address:

FEI Number: 52-1165531 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FREDERICK SAILS
210-8TH STREET WEST
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

LOWE, GARRY CHIEF
210-8TH STREET WEST
PALMETTO, FL 34221 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: GARRY LOWE

05/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOWE, GARRY CHIEF
Address: 210-8TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: TD () Delete
Name: DAVIS, KARL A
Address: 520 FALKENBURG ROAD
City-St-Zip: TAMPA, FL 33619

Title: SD () Delete
Name: HAMILTON, DOR-LISA
Address: 520 FALKENBURG ROAD
City-St-Zip: TAMPA, FL 33619

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KARL A. DAVIS

TD

05/12/2007

Electronic Signature of Signing Officer or Director

Date