2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762228

FILED May 15, 2012 Secretary of State

Entity Name: NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES CENTRAL FLORIDA

CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business:

N. O. B. L. E. N. O. B. L. E.

P. O. BOX 310298 2500 W. COLONIAL DR. TAMPA, FL 336800298 US ORLANDO, FL 32804 U

Current Mailing Address: New Mailing Address:

N. O. B. L. E. P. O. BOX 310298 N. O. B. L. E. P. O. BOX 592123

TAMPA, FL 336800298 US ORLANDO, FL 328592123 US

FEI Number: 52-1165531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LOWE, GARRY
210-8TH STREET WEST
PALMETTO, FL 34221 US
GODBOLD, JIMMY L MR.
14068 MAGNOLIA GLEN CIRCLE
ORLANDO, FL 32828 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: JIMMY L.GODBOLD 05/15/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MR.

Name: GODBOLD, JIMMY

Address: 14068 MAGNOLIA GLEN CIRCLE

City-St-Zip: ORLANDO, FL 32828

Title: MR.

Name: DAVIS, KARL A

Address: 520 FALKENBURG ROAD

City-St-Zip: TAMPA, FL 33619

Title: MISS

Name: LUCAS, MARYLIN
Address: PO BOX 622101
City-St-Zip: ORLANDO, FL 32862

Title: MRS.

 Name:
 DAVIS, ANNA

 Address:
 PO BOX 616851

 City-St-Zip:
 ORLANDO, FL 32861

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: JIMMY L. GODBOLD MR. 05/15/2012