# 2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jul 03, 2012**
**Secretary of State**

DOCUMENT# 762228

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

**Current Principal Place of Business:**

N. O. B. L. E.
2500 W. COLONIAL DR.
ORLANDO, FL 32804 US

**New Principal Place of Business:**

N. O. B. L. E.
14068 MAGNOLIA GLEN CIRCLE
ORLANDO, FL 32828 US

**Current Mailing Address:**

N. O. B. L. E.
P. O. BOX 592123
ORLANDO, FL 328592123 US

**New Mailing Address:**

**FEI Number: 52-1497465** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GODBOLD, JIMMY L MR.
14068 MAGNOLIA GLEN CIRCLE
ORLANDO, FL 32828 US

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

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: _____
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P
Name: GODBOLD, JIMMY
Address: 14068 MAGNOLIA GLEN CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: T
Name: DAVIS, KARL A
Address: 520 FALKENBURG ROAD
City-St-Zip: TAMPA, FL 33619

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

Title: S
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 GODBOLD P 07/03/2012
Electronic Signature of Signing Officer or Director Date