

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003268

FILED
Mar 30, 2008
Secretary of State

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

Current Principal Place of Business:

1450 NE 2ND AVE
MIAMI, FL 33132

New Principal Place of Business:

4300 NW 36 STREET
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

1450 NE 2ND AVE
RM 105
MIAMI, F 33132

New Mailing Address:

PO BOX 246316
PEMBROKE PINES, FL 33024

FEI Number: 20-5723389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACHANIC, AMOS
1450 NE 2ND AVE
RM 105
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

SMALLING, ANDREW
4300 NW 36 STREET
LAUDERDALE LAKES, FL 33319 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: ANDREW SMALLING

03/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MACHANIC, AMOS
Address: 1450 NE 2ND AVE. RM 105
City-St-Zip: MIAMI, FL 33132

Title: T () Delete
Name: HOUSTON, CAROL
Address: 5080 COCONUT CREEK PKWAY
City-St-Zip: MARGATE, FL 33063

Title: VD () Delete
Name: SMALLING, ANDREW
Address: 4300 NW 36 STREET
City-St-Zip: LAUDERDALE LAKES, FL 331319

Title: SD () Delete
Name: BROWDY, SHIRLEY
Address: 1030 N.W. 111TH AVE.
City-St-Zip: MIAMI, FL 33172

Title: D (X) Delete
Name: LAWRENCE, LONNIE
Address: 831 NW 207TH STREET
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMALLING, ANDREW
Address: 4300 NW 36 STREET
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: T (X) Change () Addition
Name: HOUSTON, CAROL
Address: 5080 COCONUT CREEK PKWAY
City-St-Zip: MARGATE, FL 33063

Title: VD (X) Change () Addition
Name: THOMAS, SHELIA
Address: PO BOX 246316
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD (X) Change () Addition
Name: BROWDY, SHIRLEY
Address: PO BOX 246316
City-St-Zip: PEMBROKE PINES, FL 33024

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: CAROL HOUSTON

T

03/30/2008

Electronic Signature of Signing Officer or Director

Date