4/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-12-2001 90179 039 ****61.25

DOCUMENT # N00000005766

1. Entity Name

NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT E

Principal Place of Business	Mailing Address
9110 SEAFAIR LANE TALLAHASSEE FL 32311	9110 SEAFAIR LANE TALLAHASSEE FL 32311

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Tallahassee, FL
Zip / Country	Zip: 32317-6226 / Country: USA

4. FEI Number: 59-3662300 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUIDRY, KEVIN 9110 SEAFAIR LANE TALLAHASSEE FL 32311	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE President NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D President NAME Carey Drayton STREET ADDRESS 830 West Jefferson St. CITY-ST-ZIP Tallahassee, FL. 32311	☐ Change ☐ Addition
TITLE Vice President NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D Vice President NAME Michael Wallace STREET ADDRESS 2787 Centerview Dr. Suite 203 CITY-ST-ZIP Tallahassee, FL 32399-3100	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D Secretary/Treasurer NAME Kevin Guidry STREET ADDRESS 2900 Apalachee Pkwy. Room B333 CITY-ST-ZIP Tallahassee, FL. 32399-0549	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D Parliamentarian NAME Leroy Smith STREET ADDRESS 6300 NW 13 St. CITY-ST-ZIP Gainesville, FL 32653-2185	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D Sergeant-At-Arms NAME Larry Austin STREET ADDRESS 2900 Apalachee Pkwy. Room B457 CITY-ST-ZIP Tallahassee, FL. 32399	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D Chaplain NAME Cassandra Jenkins STREET ADDRESS 2787 Centerview Dr. Suite 204 CITY-ST-ZIP Tallahassee, FL. 32399-3100	☐ Change ☑ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin Guidry Kevin Guidry 4/6/01 (850)488-1009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #