


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90151 005 ****61.25

DOCUMENT # N01000003747	
1. Entity Name BLACK CAUCUS OF ALA, INC.	

Principal Place of Business STETSON COLLEGE OF LAW LIBRARY 1401 61ST STREET SOUTH GULFPORT, FL 33707	Mailing Address STETSON COLLEGE OF LAW LIBRARY 1401 61ST STREET SOUTH GULFPORT, FL 33707
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2. Principal Place of Business 2301 S. Ocean Drive Suite, Apt. #, etc. Apt. #707 City & State Hollywood, FL Zip 33019	3. Mailing Address 2301 S. Ocean Drive Suite, Apt. #, etc. Apt. #707 City & State Hollywood, FL 33019 Country
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04222005 Chg-NP CR2E037 (10/03)

4. FEI Number 52-1892263		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MOSLEY, MADISON 1401 61ST STREET SOUTH (LAW LIBRARY) GULFPORT, FL 33707		7. Name and Address of New Registered Agent Name Florence Simkins Brown Street Address (P.O. Box Number is Not Acceptable) 2301 S. Ocean Drive, Apt. #707 City Hollywood FL Zip Code 33019


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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Florence Simkins Brown April 28, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLAYER, BOBBY MR. <input checked="" type="checkbox"/> Delete 14809 CHERRY LEAF TERRACE SILVER SPRING, MD 20906	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jackson, Andrew P. Mr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100-01 Northern Blvd. Corona, NY 11368
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, ANDREW P MR. <input type="checkbox"/> Delete 100-01 NORTHERN BLVD. CORONA, NY 11368	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Brown, Wanda K., Ms. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 777-Reynolda Station Winston-Salem, NC 27109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORMAN, CAROLYN F MS. <input checked="" type="checkbox"/> Delete 1102 Q STREET SACRAMENTO, CA 95814	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Revels, Ira. Ms. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 211 Hancock Street Ithaca, NY 14850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIDDLE, STANTON F DR. <input type="checkbox"/> Delete 175 ADAMS STREET, #9A BROOKLYN, NY 11201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKSDALE-HALL, ROLAND MR. <input type="checkbox"/> Delete 939 BALDWIN AVENUE, SUITE 1 SHARON, PA 16146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRINKLE-HAMLIN, SYLVIA MS. <input type="checkbox"/> Delete FORSYTH COUNTY PUBLIC LIBRARY WINSTON-SALEM, NC 27101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Stanton F. Biddle April 22, 2005 646 312-1653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #