

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003747

FILED
Apr 25, 2008
Secretary of State

Entity Name: BLACK CAUCUS OF ALA, INC.

Current Principal Place of Business:

2301 S OCEAN DRIVE
APT # 707
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

2301 S OCEAN DRIVE
APT # 707
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 52-1892263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMKINS-BROWN, FLORENCE
2301S OCEAN DRIVE
APT # 707
HOLLYWOOD, FL 33019 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: PD () Delete
Name: BROWN, WANDA P MS
Address: P.O. BOX 7777 REYNOLDS STATION
City-St-Zip: WINSTON-SALEM, NC 27109

Title: VD () Delete
Name: THOMPSON, KAROLYN MS.
Address: 118 CAMPUS DRIVE #5053
City-St-Zip: HATTIESBURG, MS 39406

Title: D () Delete
Name: LANG, JENNIFER MS
Address: ONE WASHINGTON ROAD
City-St-Zip: PRINCETON, NJ 08544 29

Title: TD () Delete
Name: BIDDLE, STANTON F DR.
Address: 158-18 RIVERSIDE DRIVE WEST #7B
City-St-Zip: NEW YORK, NY 10032

Title: D () Delete
Name: JACKSON, ANDREW P MR.
Address: 100-01 NORTHERN BLVD.
City-St-Zip: CORONA, NY 11368

Title: D () Delete
Name: SPRINKLE-HAMLIN, SYLVIA MS.
Address: FORSYTH COUNTY PUBLIC LIBRARY
City-St-Zip: WINSTON-SALEM, NC 27101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STANTON F. BIDDLE

DR.

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date