

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003747

FILED  
Apr 18, 2012  
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 (X)**

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

SIMKINS-BROWN, FLORENCE MS  
2301 S 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  
**Name:** HOLMAN, JOS N MR  
**Address:** 627 SOUTH STREET  
**City-St-Zip:** LAFAYETTE, IN 47901

**Title:** VD  
**Name:** OFFORD, JEROME MR  
**Address:** 712 LEE DRIVE LINCOLN UNIVERSITY  
**City-St-Zip:** JEFFERSON CITY, MO 65101

**Title:** D  
**Name:** COBB, JANNIE MS  
**Address:** 10000 NEW HAMPSHIRE AVENUE  
**City-St-Zip:** SILVER SPRING, MD 20903

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

**Title:** D  
**Name:** WATSON, KELVIN MR.  
**Address:** 10301 BALTIMORE AVENUE  
**City-St-Zip:** BELTSVILLE, MD 20705

**Title:** D  
**Name:** BELL, GLADYS MS.  
**Address:** HAMPTON UNIVERSITY  
**City-St-Zip:** HAMPTON, VA 23668

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:** STANTON F. BIDDLE

DR.

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date