2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2008
Secretary of State

DOCUMENT# N01000004066

Entity Name: BROWARD COUNTY BLACK ELECTED OFFICALS, INC.

Current Principal Place of Business:

3369 NW 21 STREET
LAUDERDALE LAKES, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 590277
FT LAUDERDALE, FL 333590277 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, LEVOYD L
3369 NW 21 STREET
LAUDERDALE LAKES, FL 33311 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: D ( ) Delete
Name: WILLIAMS, LEVOYD
Address: 3369 NW 21ST. ST.
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: D (X) Delete
Name: ROGERS, HAZELLE
Address: 2769 NW 36 AVE
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: D (X) Delete
Name: SALESMAN, FITZROY
Address: 3501 NASSAU DR
City-St-Zip: MIRAMAR, FL 33023

Title: D (X) Delete
Name: BATES, MARGARET
Address: 4211 N.W. 24 ST
City-St-Zip: LAUDERHILL, FL 33313

Title: D (X) Delete
Name: ANGELO, JOSEPH
Address: 2609 NW 6TH TERRACE
City-St-Zip: WILTON MANOR, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ( ) Change ( ) Addition
Name:
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: LEVOYD WILLIAMS PRES 03/29/2008

Electronic Signature of Signing Officer or Director — Date