2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State
07-07-2005 90004 028 ****61.25

DOCUMENT # N02000007841

1. Entity Name
THE NATIONAL BLACK BAIL AGENTS NETWORK, INC.

Principal Place of Business	Mailing Address
6155 SOUTH FLORIDA AVENUE NO. 7 LAKELAND, FL 33813	6155 SOUTH FLORIDA AVENUE NO. 7 LAKELAND, FL 33813

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07012005 No Chg-NP CR2E037 (10/03)

4. FEI Number
42-1581838
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS-SMITH, JERALDINE ESQ.
2504-EAST 12TH AVENUE
TAMPA, FL 33605

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

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	REED, RONALD
STREET ADDRESS	6155 SOUTH FLORIDA AVENUE NO. 7
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	P
NAME	HANSLEY, DARRYL L
STREET ADDRESS	2 PARK OF COMMERCE BLVD., STE. G
CITY-ST-ZIP	SAVANNAH, GA 31405
TITLE	S
NAME	GREENE, JENIFER
STREET ADDRESS	233 PEACHTREE STREET S.W.
CITY-ST-ZIP	ATLANTA, GA 30303
TITLE	T
NAME	WILLIAMS, VERNICE
STREET ADDRESS	609 W. RIO GRANDE SUITE 102
CITY-ST-ZIP	AUSTIN, TX 78701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7/23/05 8637087043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #