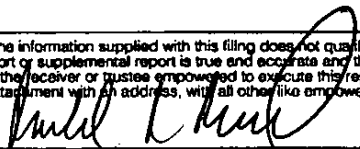


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 6155 SOUTH FLORIDA AVENUE NO. 7 LAKELAND, FL 33813	Mailing Address 6155 SOUTH FLORIDA AVENUE NO. 7 LAKELAND, FL 33813	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILLIAMS-SMITH, JERALDINE ESQ. 2504-EAST 12TH AVENUE TAMPA, FL 33605		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$81.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V REED, RONALD 8155 SOUTH FLORIDA AVENUE NO. 7 LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HANSLEY, DARRYL L 2 PARK OF COMMERCE BLVD., STE. G SAVANNAH, GA 31405	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREENE, JENIFER 233 PEACHTREE STREET S.W. ATLANTA, GA 30303	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAMS, VERNICE 809 W. RIO GRANDE SUITE 102 AUSTIN, TX 78701	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



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	

**DO NOT WRITE
IN THIS SPACE**

7/23/05 B67007-0430
Date Daytime Phone #