

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME REED, RONALD
STREET ADDRESS 6155 SOUTH FLORIDA AVENUE NO. 7
CITY-STATE-ZIP LAKELAND FL 33813

TITLE P ☐ Delete
NAME HANSLEY, DARRYL L
STREET ADDRESS 2 PARK OF COMMERCE BLVD., STE. G
CITY-STATE-ZIP SAVANNAH GA 31405

TITLE S ☐ Delete
NAME GREENE, JENIFER
STREET ADDRESS 233 PEACHTREE STREET S.W.
CITY-STATE-ZIP ATLANTA GA 30303

TITLE T ☐ Delete
NAME WILLIAMS, VERNICE
STREET ADDRESS 809 W. RIO GRANDE SUITE 102
CITY-STATE-ZIP AUSTIN TX 78701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000632616
CITY-STATE-ZIP 02/21/07-80030-017 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Handwritten Signature]

2/7/07 863 581-0438