2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007936

FILED Apr 30, 2007 Secretary of State

Entity Name: PALM BEACH COUNTY CAUCUS OF BLACK ELECTED OFFICIALS, INC.

Current Principal Place of Business: New Principal Place of Business: 301 OLIVE AVE W PALM BEACH, FL 33401 **Current Mailing Address: New Mailing Address:** PO BOX 10624 RIVIERA BEACH, FL 33419 FEI Number: 54-2126793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZENORA WARD CPA 5725 CORPORATE WAY STE 206 W PALM BEACH, FL 33407 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ROBINSON, DEBRA L M.D. ANDERSON, ARTHUR Name: Name: 1914 37TH ST Address: 11559 BUCKHAVEN LANE Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33412 Title: Title: (X) Change () Addition () Delete ISLES, ANN Name: ALBURY, WILLIAM III Name: Address: 321 W 30TH ST Address: 5712 ELMWOOD STREET City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: MANGONIA PARK, FL 33407 Title: () Delete Title: (X) Change () Addition TAYLOR, JENET TAYLOR, JANET Name: Name: 1018 LOUISIANA AVENUE Address: P.O. BOX 764 Address: CLEWISTON, FL 33440 City-St-Zip: City-St-Zip: CLEWISTON, FL 33440 Title: () Delete Title: (X) Change () Addition Name: RICHARDS, WAYNE Name: PINTO, FRED 123 HERON PARKWAY Address: 8255 WOODSMUIR DR Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: ROYAL PALM BEACH, FL 33411 Title: () Delete Title: () Change (X) Addition GREENE, ADDIE Name: Name: 1617 BOARDMAN Address: Address: City-St-Zip: City-St-Zip: MANGONIA PARK, FL 33407

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: FRED PINTO TREA 04/30/2007