2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010565

FILED Mar 16, 2005 Secretary of State

Entity Name: THE NATIONAL ALLIANCE OF BLACK SCHOOL EDUCATORS-BROWARD COUNTY CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business:

8930 STATE ROAD 84, #330 DAVIE, FL 33324

Current Mailing Address: New Mailing Address:

8930 STATE ROAD 84, #330 DAVIE, FL 33324

FEI Number: 84-1642763 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:

STARKE, LEONARDO D 8930 STATE ROAD 84, #330 DAVIE, FL 33324 US

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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 MCCLEOD, HORACE F DR.
 Name:
 SHAW, CARLETHA

 Address:
 8930 STATE ROAD 84, #307
 Address:
 9100 NW 21 MANOR

Address: 8930 STATE ROAD 84, #307 Address: 9100 NW 21 MANOR City-St-Zip: DAVIE, FL 33324 City-St-Zip: SUNRISE, FL 33322

Title: VD () Delete Title: VD (X) Change () Addition Name: SMILEY, EARLEEN C DR. Name: ROBINSON, CASANDRA

 Address:
 600 S.E. 3RD AVENUE
 Address:
 1201 NW 6 STREET

 City-St-Zip:
 FT. LAUDERDALE, FL 33351
 City-St-Zip:
 POMPANO, FL 33360

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 HICKS, DEETRA
 Name:
 LASSITER, DELPHINE

 Address:
 3003 LAMIRAGE DRIVE
 Address:
 3602 COLLEGE AVENUE

 City-St-Zip:
 LAUDERHILL, FL 33319
 City-St-Zip:
 DAVIE, FL 33314

 Title:
 SD () Delete
 Title:
 SD (X) Change () Addition

 Name:
 BUTLER, LEONTINE
 Name:
 LAWRENCE, AUDREY DR

 Address:
 10401 NW 40TH PLACE
 Address:
 17100 SW 48TH COURT

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: MIRAMAR, FL 33027

Title: TD () Delete Title: TD (X) Change () Addition

Name: HARDGE, DARRYL Name: MCLEOD, HORACE DR

Address: 7760 WEST OAKLAND PARK BLVD. Address: 6245 N. FEDERAL HWY., 5TH FLOOR City-St-Zip: SUNRISE, FL 33351 City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D. () Delete Title: D. (Y) Change () Addition

Title: D () Delete Title: D (X) Change () Addition Name: ROBINSON, CASSANDRE Name: DUKES, SHEDRICK

 Address:
 1201 NW 6TH AVENUE
 Address:
 900 SE 15TH STREET

 City-St-Zip:
 POMPANO BEACH, FL 33060
 City-St-Zip:
 FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHERYL A. JENKINS D 03/16/2005