## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N03000010565

FILED Nov 04, 2006 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 MAYS, LISA

8930 STATE ROAD 84, #330 8930 STATE ROAD 84, #330 DAVIE, FL 33324 US 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: LISA MAYS 11/04/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: SHAW, CARLETHA Name: SHAW, CARLETHA

 Name:
 SHAW, CARLETHA
 Name:
 SHAW, CARLETHA

 Address:
 9100 NW 21 MANOR
 Address:
 3500 NORTH 22 AVENUE

 City-St-Zip:
 SUNRISE, FL 33322
 City-St-Zip:
 HOLLYWOOD, FL 33020

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

 Name:
 ROBINSON, CASANDRA
 Name:
 ROBINSON, CASANDRA

 Address:
 1201 NW 6 STREET
 Address:
 2400 NW 26 STREET

City-St-Zip: POMPANO, FL 33360 City-St-Zip: FORT LAUDERDALE, FL 33311

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

 Name:
 LASSITER, DELPHINE
 Name:

 Address:
 3602 COLLEGE AVENUE
 Address:

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

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

 Name:
 LAWRENCE, AUDREY DR
 Name:
 LAWRENCE, AUDREY DR

 Address:
 17100 SW 48TH COURT
 Address:
 9401 STIRLING ROAD

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:
 COOPER CITY, FL 33328

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

 Name:
 MCLEOD, HORACE DR
 Name:

 Address:
 6245 N. FEDERAL HWY., 5TH FLOOR
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33308
 City-St-Zip:

 Name:
 DUKES, SHEDRICK
 Name:
 MAYS, LISA

 Address:
 900 SE 15TH STREET
 Address:
 120 NE 11 STREET

City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: FORT LAUDERDALE, 12 33304

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLETHA B. SHAW PRES 11/04/2006

Electronic Signature of Signing Officer or Director

Date