

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010565

FILED
Mar 26, 2008
Secretary of State

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

Current Principal Place of Business:

8930 STATE ROAD 84, #330
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

8930 STATE ROAD 84, #330
DAVIE, FL 33324

New Mailing Address:

FEI Number: 84-1642763 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAYS, LISA
8930 STATE ROAD 84, #330
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

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: CARLETHA B. SHAW

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAW, CARLETHA
Address: 3500 NORTH 22 AVENUE
City-St-Zip: HOLLYWOOD, FL 33020

Title: VD () Delete
Name: ROBINSON, CASANDRA
Address: 2400 NW 26 STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD () Delete
Name: LASSITER, DELPHINE
Address: 3602 COLLEGE AVENUE
City-St-Zip: DAVIE, FL 33314

Title: SD () Delete
Name: LAWRENCE, AUDREY DR
Address: 9401 STIRLING ROAD
City-St-Zip: COOPER CITY, FL 33328

Title: TD () Delete
Name: MCLEOD, HORACE DR
Address: 6245 N. FEDERAL HWY., 5TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: MAYS, LISA
Address: 120 NE 11 STREET
City-St-Zip: FORT LAUDERDALE, 12 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARLETHA B. SHAW

Electronic Signature of Signing Officer or Director

MS.

03/26/2008

Date