

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010565

FILED  
May 04, 2010  
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:**

**Name and Address of New Registered Agent:**

MAYS, LISA  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

**Title:** TD  
**Name:** MAYS, LISA  
**Address:** 1001 NW 4 STREET  
**City-St-Zip:** FT. LAUDERDALE, FL 33311

I hereby 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 all other like empowered.

SIGNATURE: LISA C. MAYS

TD

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date