2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# N03000010565

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 ( )**

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: _____

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 04/28/2011

Electronic Signature of Signing Officer or Director Date