


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90129 026 \*\*\*\*70.00

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # N04000004670</b>  |  |    |   |
| 1. Entity Name<br><b>FLORIDA GULF COAST TEAMSTERS NATIONAL BLACK CAUCUS INC.</b>  |  |   |   |
| Principal Place of Business<br><b>2218 9TH AVENUE EAST<br/>BRADENTON, FL 34208</b>  |  | Mailing Address<br><b>P.O. BOX 1561<br/>BRADENTON, FL 34206</b>   |   |
| 2. Principal Place of Business<br><i>2218 9th Avenue East</i>   |  | 3. Mailing Address<br><i>P.O. Box 1561</i>  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State<br><i>Bradenton FL</i>   |  | City & State<br><i>Bradenton, FL</i>  |   |
| Zip<br><i>34208</i>   | Country<br><i>Manatee</i>  | Zip<br><i>34208</i>   | Country<br><i>Manatee</i>   |
| 6. Name and Address of Current Registered Agent<br><b>EDWARDS, INEDA<br/>2218 9TH AVENUE EAST<br/>BRADENTON, FL 34208</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |  |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |
| Filing Fee is \$61.25<br>Due by May 1, 2005   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>EDWARDS, INEDA<br>2218 9TH AVENUE EAST<br>BRADENTON, FL 34208 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>JONAS, DAVID<br>14513 WESSEX STREET<br>TAMPA, FL 33625 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>LATORTUE, BARBARA<br>1525 19TH STREET COURT EAST<br>BRADENTON, FL 34208 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>DUPREE, LARRY<br>8301 RIVER HIGHLAND PL<br>TAMPA, FL 33617 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>SLOAN, JOHNNIE<br>1907 TALLEVAST RD.<br>TALLEVAST, FL 34270 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>SUTTON, BRADFORD<br>9715 FOX CHAPEL RD<br>TAMPA, FL 33647 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |   |
| SIGNATURE: <i>Ineda Edwards</i>   |  | Date: <i>4/27/2005</i>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Daytime Phone #   |   |



04252005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3736589** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required