
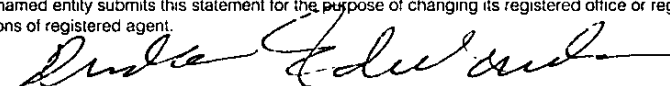
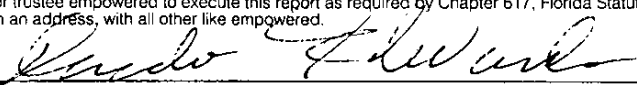


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90013 031 ****70.00

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DOCUMENT # N04000004670 1. Entity Name FLORIDA GULF COAST TEAMSTERS NATIONAL BLACK CAUCUS INC.																																																																																																																													
Principal Place of Business 2218 9TH AVENUE EAST BRADENTON, FL 34208			Mailing Address PO BOX 1561 BRADENTON, FL 34208																																																																																																																										
2. Principal Place of Business 2218-9TH AVE. E. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1561 Suite, Apt. #, etc.																																																																																																																											
City & State BRADENTON, FL.		City & State BRADENTON, FL		4. FEI Number 59-3736589																																																																																																																									
Zip 34208		Country USA		Zip 34208																																																																																																																									
Country USA		Country MANATEE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent EDWARDS, INEDA 2218 9TH AVENUE EAST BRADENTON, FL 34208				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 8/15/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																									
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>EDWARDS, INEDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2218 9TH AVENUE EAST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRADENTON, FL 34208</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAVIS, BOBBY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3315 32TH STREET WEST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRADENTON, FL 34205</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SEC.</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HUTCHINSON, DEBORAH K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>511 30TH STREET EAST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALMETTO, FL 34221</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TRES</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BYRD, LYNDIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2006 3RD AVENUE EAST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALMETTO, FL 34221</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TRUS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SLOAN, JOHNNIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1907 TALLEVAST RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLEVAST, FL 34270</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TRUS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALKER, LEOLA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1214 2ND AVENUE WEST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALMETTO, FL 33647</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	EDWARDS, INEDA		STREET ADDRESS	2218 9TH AVENUE EAST		CITY-ST-ZIP	BRADENTON, FL 34208		TITLE	VP	<input type="checkbox"/> Delete	NAME	DAVIS, BOBBY		STREET ADDRESS	3315 32TH STREET WEST		CITY-ST-ZIP	BRADENTON, FL 34205		TITLE	SEC.	<input type="checkbox"/> Delete	NAME	HUTCHINSON, DEBORAH K		STREET ADDRESS	511 30TH STREET EAST		CITY-ST-ZIP	PALMETTO, FL 34221		TITLE	TRES	<input type="checkbox"/> Delete	NAME	BYRD, LYNDIA		STREET ADDRESS	2006 3RD AVENUE EAST		CITY-ST-ZIP	PALMETTO, FL 34221		TITLE	TRUS	<input type="checkbox"/> Delete	NAME	SLOAN, JOHNNIE		STREET ADDRESS	1907 TALLEVAST RD.		CITY-ST-ZIP	TALLEVAST, FL 34270		TITLE	TRUS	<input type="checkbox"/> Delete	NAME	WALKER, LEOLA		STREET ADDRESS	1214 2ND AVENUE WEST		CITY-ST-ZIP	PALMETTO, FL 33647		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 8/15/06 <small>Daytime Phone #</small>																																																																																																																									