2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# N04000004670

Entity Name: FLORIDA GULF COAST TEAMSTERS NATIONAL BLACK CAUCUS INC.

Current Principal Place of Business:

2218 9TH AVENUE EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

PO BO 1561
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 59-3736589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, INEDA
2218 9TH AVENUE EAST
BRADENTON, FL 34208 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:	P	( ) Delete
Name:	EDWARDS, INEDA	
Address:	2218 9TH AVENUE EAST	
City-St-Zip:	BRADENTON, FL 34208	
Title:	VP	( ) Delete
Name:	DAVIS, BOBBY	
Address:	3315 32TH STREET WEST	
City-St-Zip:	BRADENTON, FL 34205	
Title:	SEC.	( ) Delete
Name:	HUTCHINSON, DEBORAH K	
Address:	511 30TH STREET EAST	
City-St-Zip:	PALMETTO, FL 34221	
Title:	TRES	( ) Delete
Name:	BYRD, LYNDA	
Address:	2006 3RD AVENUE EAST	
City-St-Zip:	PALMETTO, FL 34221	
Title:	TRUS	( ) Delete
Name:	SLOAN, JOHNNIE	
Address:	1907 TALLEVAST RD.	
City-St-Zip:	TALLEVAST, FL 34270	
Title:	TRUS	( ) Delete
Name:	WALKER, LEOLA	
Address:	1214 2ND AVENUE WEST	
City-St-Zip:	PALMETTO, FL 33647	

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
Name:	
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 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: BOBBY DAVIS VP 03/08/2007

Electronic Signature of Signing Officer or Director — Date