2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# N05000005805

Entity Name: BROWARD BLACK ELECTED OFFICALS INC.

Current Principal Place of Business:

4300 NW 36TH ST.
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

4300 NW 36TH ST.
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 20-3092416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, LEVOYD L.
4300 NW 36TH ST.
LAUDERDALE LAKES, FL 33319 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: D ( ) Delete
Name: WILLIAMS, LEVOYD L.
Address: 4300 NW 36TH ST.
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D ( ) Delete
Name: GIBBONS, JOSEPH
Address: 400 S. FEDERAL HWY
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D ( ) Delete
Name: ROGERS, HAZELLE P.
Address: 4300 NW 36TH ST.
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D ( ) Delete
Name: ANGELO, JOSEPH
Address: 524 NE 21ST CT.
City-St-Zip: WILTON MANORS, FL 33305

Title: D ( ) Delete
Name: SALESMAN, FITZROY D.
Address: 2300 CIVIC CENTER PL.
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILLIAMS, LEVOYD L.
Address: 4300 NW 36TH ST.
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: ANGELO, JOSEPH
Address: 524 NE 21ST CT.
City-St-Zip: WILTON MANORS, FL 33305

Title: S (X) Change ( ) Addition
Name: BATES, MARGARET
Address: 2000 CITY HALL DR.
City-St-Zip: LAUDERHILL, FL 33313

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: LEVOYD L. WILLIAMS D 04/24/2006

Electronic Signature of Signing Officer or Director — Date