

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005805

FILED
Mar 26, 2009
Secretary of State

Entity Name: BROWARD BLACK ELECTED OFFICIALS INC.

Current Principal Place of Business:

3369 NW 21 ST.
LAUDERDALE LAKES, FL 33311 US

New Principal Place of Business:

4211 NW 24TH STREET
LAUDERHILL, FL 33313 US

Current Mailing Address:

P.O. BOX 590277
FORT LAUDERDALE, FL 33359 US

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.
3369 NW 21ST STREET
LAUDERDALE LAKES, FL 33311 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: WILLIAMS, LEVOYD L.
Address: 3369 NW 21ST STREET
City-St-Zip: LAUDERDALE LAKES, FL 33311 US

Title: D () Delete
Name: GIBBONS, JOSEPH
Address: 300 THREE ISLANDS BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009 US

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

Title: T () Delete
Name: ANGELO, JOSEPH
Address: 2609 NW 6TH TERRACE
City-St-Zip: WILTON MANORS, FL 33311 US

Title: S (X) Delete
Name: BATES, MARGARET
Address: 4211 NW 24 STREET
City-St-Zip: LAUDERHILL, FL 33313 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BATES, MARGARET
Address: 4211 NW 24 STREET
City-St-Zip: LAUDERHILL, FL 33313 US

Title: VP (X) Change () Addition
Name: GIBBONS, JOSEPH
Address: 300 THREE ISLANDS BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: S (X) Change () Addition
Name: JONES, ERIC
Address: 3150 SW 52ND AVE. SUITE 100
City-St-Zip: WEST PARK, FL 33023 US

Title: T (X) Change () Addition
Name: BENSON, HAYWARD
Address: 4410 NW 67TH TERRACE
City-St-Zip: LAUDERHILL, FL 33319 US

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

I hereby certify that the information supplied with this filing does not qualify 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: MARGARET BATES

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date