

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 MAY -1 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000002400 1. Entity Name FLORIDA LEGISLATIVE BLACK CAUCUS, INC.					
Principal Place of Business 400 N ADAMS STREET SUITE B TALLAHASSEE, FL 32301-1110			Mailing Address 400 N ADAMS STREET SUITE B TALLAHASSEE, FL 32301-1110		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4370680	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAMARR, ECITRYM 400 N ADAMS STREET SUITE B TALLAHASSEE, FL 32301-1110			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			(NOTE: Registered Agent signature required when reinstating)		DATE 4/30/07
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMARR, ECITRYM 400 N ADAMS STREET SUITE B TALLAHASSEE, FL 323011110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600102239016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 05/14/07--01010--016 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HILL, ANTHONY 5600 NEW KINGS RD SUITE 5 JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete	TITLE C → NAME STREET ADDRESS CITY-ST-ZIP	Wilbert Holloway <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 610 NW 183rd St. Ste 204 Miami Gardens, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ANTONE, BRUCE 445 W AMELIA STREET ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Larcevia Bullard 8603 S. Dixie Hwy Ste 304 Miami, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERSON, YOLLY 645 NE 127TH STREET N MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dorothy Bendross-Mindingall 1521 NW 54th St Ste 1521 E Miami, FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, CURTIS 402 S MONROE STREET TALLAHASSEE, FL 32399	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 4/30/07		DAYTIME PHONE # 850 224-0937

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