

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008
Secretary of State

DOCUMENT# N06000002400

Entity Name: FLORIDA LEGISLATIVE BLACK CAUCUS, INC.

Current Principal Place of Business:

400 N ADAMS STREET SUITE B
TALLAHASSEE, FL 323011110

New Principal Place of Business:

Current Mailing Address:

400 N ADAMS STREET SUITE B
TALLAHASSEE, FL 323011110

New Mailing Address:

FEI Number: 20-4370680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAMARR, ECITRYM
400 N ADAMS STREET SUITE B
TALLAHASSEE, FL 323011110 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: LAMARR, ECITRYM
Address: 400 N ADAMS STREET SUITE B
City-St-Zip: TALLAHASSEE, FL 323011110

Title: C () Delete
Name: HALLOWAY, WILBERT
Address: 610 NW 183RD ST. STE 204
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VC () Delete
Name: BULLARD, LARCENIA
Address: 8603 S. DIXIE HWY STE 304
City-St-Zip: MIAMI, FL 33143

Title: S (X) Delete
Name: BENDROSS-MINDINGALL, DOROTHY
Address: 1521 NW 54TH ST. STE 1521E
City-St-Zip: MIAMI, FL 33142

Title: D (X) Delete
Name: RICHARDSON, CURTIS
Address: 402 S MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32399

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C (X) Change () Addition
Name: GIBBONS, JOSEPH
Address: 3150 SW 52ND AVE., STE. 203
City-St-Zip: PEMBROKE PARK, FL 33023

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 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: ECITRYM LAMARR

D

05/20/2008

Electronic Signature of Signing Officer or Director

_____ Date