2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# N06000008664

Entity Name: NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES - NORTH FLORIDA CHAPTER, INC.

Current Principal Place of Business:

2900 APALACHEE PARKWAY ROOM B457
TALLAHASSEE, FL 32399

New Principal Place of Business:

Current Mailing Address:

PO BOX 12295
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3662300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUNTER, HENRY C
219 E VIRGINIA STREET
TALLAHASSEE, FL 32301 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: AUSTIN, LARRY
Address: 2900 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 32399

Title: ST ( ) Delete
Name: GUIDRY, KEVIN
Address: 2900 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 32399

Title: VP ( ) Delete
Name: LOCKLEY, JAMES
Address: 2400 WAHNISH WAY
City-St-Zip: TALLAHASSEE, FL 32307

Title: M ( ) Delete
Name: HARDY, ED
Address: 200 E GAINES STREET
City-St-Zip: TALLAHASSEE, FL 32399

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:

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: KEVIN GUIDRY ST 01/23/2007

Electronic Signature of Signing Officer or Director — Date