2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008664

FILED Apr 28, 2008 Secretary of State

Entity Name: NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES - NORTH FLORIDA

CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business:

2900 APALACHEE PARKWAY ROOM B457 TALLAHASSEE, FL 32399

Current Mailing Address: New Mailing Address:

PO BOX 12295 TALLAHASSEE, FL 32317

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUNTER, HENRY C 219 E VIRGINIA STREET TALLAHASSEE, FL 32301 US

OFFICERS AND DIRECTORS:

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

Electronic elginatare el registerea

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

Name: AUSTIN, LARRY Name: Address: 2900 APALACHEE PARKWAY Address:

City-St-Zip: TALLAHASSEE, FL 32399 City-St-Zip:

Title: ST () Delete Title: () Change () Additional Control Co

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

Title: VP () Delete Title: () Change () Addition

 Name:
 LOCKLEY, JAMES
 Name:

 Address:
 2400 WAHNISH WAY
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32307
 City-St-Zip:

Title: M () Delete Title: () Change () Addition

 Name:
 HARDY, ED
 Name:

 Address:
 200 E GAINES STREET
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32399
 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: KEVIN GUIDRY TRE 04/28/2008