

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012635

FILED
Mar 18, 2007
Secretary of State

Entity Name: NATIONAL BLACK REPUBLICAN ASSOCIATION, INCORPORATED

Current Principal Place of Business:

4594 CHASE OAKS DRIVE
SARASOTA, FL 342419183

New Principal Place of Business:

Current Mailing Address:

4594 CHASE OAKS DRIVE
SARASOTA, FL 342419183

New Mailing Address:

FEI Number: 81-0673444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, FRANCES P
4594 CHASE OAKS DRIVE
SARASOTA, FL 342419183 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: C () Delete
Name: RICE, FRANCES P
Address: 4594 CHASE OAKS DRIVE
City-St-Zip: SARASOTA, FL 342419183

Title: V () Delete
Name: CADOGAN, ANDRE
Address: 3047 WADDELL AVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: V () Delete
Name: ST. PAUL, RICHARD
Address: 41 WATCHUNG PLAZA SUITE 88
City-St-Zip: MONTCLAIR, NJ 07042

Title: ST () Delete
Name: DUFF, JESSIE J
Address: 450 MASSACHUSETTS AVE
City-St-Zip: WASHINGTON, DC 20001

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: FRANCES P. RICE

MS.

03/18/2007

Electronic Signature of Signing Officer or Director

Date