2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012635

FILED Jan 08, 2008 Secretary of State

Entity Name: NATIONAL BLACK REPUBLICAN ASSOCIATION INCORPORATED

Littly Nai	He. NATION	AL BLACK REPOBLICAN ASSI	OCIATION, INCORPORATED		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	SE OAKS DRI A, FL 342419				
Current Mailing Address:			New Mailing Address:		
	SE OAKS DRI A, FL 342419				
FEI Number: 81-0673444 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	NCES P SE OAKS DRI A, FL 342419				
The above in the State		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C (RICE, FRANCE 4594 CHASE C SARASOTA, FI	AKS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST. PAUL, RIC	PLAZA SUITE 88	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WOOD-HARVE	T PASS ROAD, #409	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: FRANCES P. RICE C 01/08/2008