


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90225 040 \*\*\*\*61.25

<b>DOCUMENT # N07000007533</b>					
<b>1. Entity Name</b> NATIONAL SOCIETY OF BLACK ENGINEERS-CENTRAL FLORIDA ALUMNI EXTENSION, INC.					
<b>Principal Place of Business</b> 2064 AMBERGRIS DRIVE ORLANDO, FL 32822			<b>Mailing Address</b> PO BOX 1964 ORLANDO, FL 32802		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3234430	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  HENRY, QUINTAL 8736 BUXLEY PLACE ORLANDO, FL 32829				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P <b>NAME</b> HENRY, QUINTAL <b>STREET ADDRESS</b> 2064 AMBERGRIS DRIVE <b>CITY - ST - ZIP</b> ORLANDO, FL 32822	<input type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> POOLE, BARIKA <b>STREET ADDRESS</b> 2064 AMBERGRIS DRIVE <b>CITY - ST - ZIP</b> ORLANDO, FL 32822	<input type="checkbox"/> Delete				
<b>TITLE</b> T <b>NAME</b> ADDERLY, KEVIN <b>STREET ADDRESS</b> 2064 AMBERGRIS DRIVE <b>CITY - ST - ZIP</b> ORLANDO, FL 32822	<input type="checkbox"/> Delete				
<b>TITLE</b> S <b>NAME</b> BELLAMY, NORMAN <b>STREET ADDRESS</b> 2064 AMBERGRIS DRIVE <b>CITY - ST - ZIP</b> ORLANDO, FL 32822	<input type="checkbox"/> Delete				
<b>TITLE</b> P <b>NAME</b> MCCRAY, WIL <b>STREET ADDRESS</b> 2064 AMBERGRIS DRIVE <b>CITY - ST - ZIP</b> ORLANDO, FL 32822	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>BARIKA R. POOLE</i> <b>BARIKA R. POOLE</b>				4/30/08 401 358-9779	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	