

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 12, 2012
Secretary of State

DOCUMENT# N09000003037

Entity Name: NATIONAL ASSOCIATION OF BLACK NARCOTICS AGENTS, INC**Current Principal Place of Business:**2816 E. ROBINSON STREET
ORLANDO, FL 328013**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 7012
METAIRIE, LA 70010**New Mailing Address:****FEI Number:** 58-1388784**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GRAHAM & MILLS, ATTORNEYS AT LAW, LLC
2816 E. ROBINSON STREET
ORLANDO, FL 32803 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: PRES
Name: SCOTT, ANTHONY L
Address: P.O. 277928
City-St-Zip: MIRAMAR, FL 33027

Title: VP
Name: COMEAUX, DANIEL C
Address: P.O. BOX 277928
City-St-Zip: MIRAMAR, FL 33027

Title: TRES
Name: GILBERT, DARRYL M
Address: P.O. BOX 277928
City-St-Zip: MIRAMAR, FL 33027

Title: SEC
Name: LEBEAU, MICHELL
Address: P.O. BOX 277928
City-St-Zip: MIRAMAR, FL 33027

Title: VIP
Name: SIMMONS, CARLTON A
Address: P.O. BOX 277928
City-St-Zip: MIRAMAR, FL 33027

I hereby 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 all other like empowered.

SIGNATURE: CARLTON A. SIMMONS

VIP

10/12/2012

Electronic Signature of Signing Officer or Director

Date