2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N21688

1. Entity Name
DADE COUNTY FEDERATION OF BLACK EMPLOYEES, INC.

Principal Place of Business	Mailing Address
6600 NW 27 AVE W201 MIAMI, FL 33147 US	6600 NW 27 AVE W201 MIAMI, FL 33147 US

09122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0522772
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SILAS, J. BARON
18015 NW 25 COURT
MIAMI, FL 33056

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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.

SIGNATURE Joseph B Silas Joseph B Silas 9-06-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SILAS, J. BARON
STREET ADDRESS	18015 NW 25 CT
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	1VP
NAME	JOHNSON, DUTHIE
STREET ADDRESS	17031 NW 12 AVENUE
CITY-ST-ZIP	MIAMI, FL 33069
TITLE	2VP
NAME	COX, VICTORIA
STREET ADDRESS	6600 NW 27 AVE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	VD
NAME	FAOSPM, TO,
STREET ADDRESS	16821 SW 109 AVE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	ST
NAME	DOUCE, MICHAEL
STREET ADDRESS	954 SW 119 PL
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	VP
NAME	DENT, BARBARA F
STREET ADDRESS	16603 SW 99 PLACE
CITY-ST-ZIP	MIAMI, FL 33157

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09/14/05-80001-004 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Joseph B Silas Joseph B Silas 9-06-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #