

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21688

FILED
Sep 03, 2008
Secretary of State

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

Current Principal Place of Business:

6600 NW 27 AVE
W201
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

6600 NW 27 AVE
W201
MIAMI, FL 33147 US

New Mailing Address:

FEI Number: 65-0522772 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FAISON, TIMOTHY
24182 SW 112 COURT
MIAMI, FL 33032 US

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: TIMOTHY

09/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILAS, J. BARON
Address: 18015 NW 25 CT
City-St-Zip: MIAMI GARDENS,, FL 33056

Title: 1VP () Delete
Name: JOHNSON, DUTHIE
Address: 19430 NW 23 AVENUE
City-St-Zip: MIAMI, FL 33056

Title: VP () Delete
Name: COX, VICTORIA
Address: 6600 NW 27 AVE
City-St-Zip: MIAMI, FL 33147

Title: VP () Delete
Name: FAISON, TIMOTHY
Address: 24182 SW 112 COURT
City-St-Zip: MIAMI, FL 33032

Title: ST () Delete
Name: DOUCE,, MICHAEL
Address: 954 SW 119 PL
City-St-Zip: MIAMI,, FL 33184

Title: VP () Delete
Name: DENT, BARBARA F
Address: 16603 SW 99 PLACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FAISON, TIMOTHY
Address: 24182 SW 112 COURT
City-St-Zip: MIAMI,, FL 33032

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: ST (X) Change () Addition
Name: BESS,, LAPRINCESS
Address: 1646 NW 1ST PLACE APT 1 PH
City-St-Zip: MIAMI,, FL 33136

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIMOTHY FAISON

PRES

09/03/2008

Electronic Signature of Signing Officer or Director

Date