FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -3 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N22871** **(0)**

1. Corporation Name

MINORITY LAW ENFORCEMENT COUNCIL, INC.

Principal Place of Business	Mailing Address
261 W. 16TH WAY P.O. BOX 9534 RIVIERA BEACH FL 33404	261 W. 16TH WAY P.O. BOX 9534 RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1987
3a. Date of Last Report: 06/16/1994
4. FEI Number: 65-0076140 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MCBRIDE, ELIZABETH T.
3758 VICTORIA DRIVE
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name: V. LYNN WHITFIELD, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 224 Datura Street, Suite 918
83
84 City: West Palm Beach, FL 85 Zip Code: 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] [signature] 3/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, BEVERLY	1.2 NAME	400001448624
STREET ADDRESS	325 CONGRESS AVENUE	1.3 STREET ADDRESS	-04/06/95--01011--002
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	****138.75 ****138.75
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	DIBBLE, CLITHIN J	2.2 NAME	ALPHONSO BRAT
STREET ADDRESS	722 NW 8 CT	2.3 STREET ADDRESS	5684 HEATH CT S.
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	W. PALM BCH FL 33401
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	SAVAGE, EUGENE G.	3.2 NAME	
STREET ADDRESS	261 W. 16TH WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	NAPIER, CHARLEY B.	4.2 NAME	
STREET ADDRESS	2622 MONACO TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	4/3/95 MST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene G. Savage [signature] 3/28/95 (407) 653-3403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047885