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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE: _

DOCUMENT # N22871

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MINORITY LAW ENFORCEMENT COUNCIL, INC.

Principal Place of Business Mailing Address 261 W. 16TH WAY 261 W. 16TH WAY P.O. BOX 9534 P.O. BOX 9534 RIVIERA BEACH FL 33404 RIVIERA REACH FL 3404		Mailing Address			OI 4404 01041 01041 01041 01041 01041 01041 1044
RIVIERA BEA	RCH FL 33404	RIVIERA BEACH FL 3	33404	Date Incorporated or Qualified	3a. Date of Last Report
8.01				10/06/1987	04/03/1995
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 65-0076140	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03 00/0140	Not Applicab
2		27		Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Pa
Zip	Country	Zip	C	Trust Fund Contribution	Added to Fees
4	25	29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Currer	nt Registered Agent	199	10. Name and Address of New I	Yes No Registered Agent
144 4994			81 Name		3
WHITFIE	ELD, V. LYNN		82 Street /	Address (P.O. Box Number is Not Acceptal	nle)
SUITE 9	TURA STREET				
	ALM BEACH FL 33401		83		
	12.101112 00401		84 City		B5 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites the above-named co	rporation submits this statement for the pu	FL 13 21/ 3000
or register familiar wi	red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	da. Such change was authori ion 617 0503. Florida Statute	ized by the corporation's t	rporation submits this statement for the pu board of directors. I hereby accept the app	rpose of changing its registered offi ointment as registered agent. I am
SIGNATURE	, it is a subject to the cook	ion o micood, monda Glatote	55.		-
	Signature, typed or printed name of registered agent	and little it applicable //s	IO*E. Registered Agent signature re		
	055:0500		C L Negistered Agent signature re	quired when reinstaling)	DATE
2.	OFFICERS AND	D DIRECTORS	13.	quired when reinstating) ADDITIONS/CHANGES TO OFF	
2. ILE	VD		13. 1.1 TITLE		ICFRS AND DIRECTORS IN 12
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