


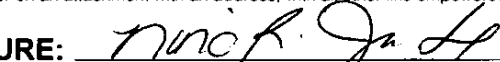


FILED
Feb 29, 2008 8:00 am
Secretary of State

40035540

DOCUMENT # N46260				02-29-2008 90017 035 ****70.00	
1. Entity Name FORT LAUDERDALE BLACK POLICE OFFICERS ASSOCIATION, INC.				40035540	
Principal Place of Business 3912 NW 36TH TERRACE FORT LAUDERDALE, FL 33309		Mailing Address P O BOX 65 FT LAUDERDALE, FL 33302 US			
2. Principal Place of Business - No P.O. Box # 7740 Hibiscus Lane Suite, Apt. #, etc.		3. Mailing Address P.O. Box 65 Suite, Apt. #, etc.		02212008 Chg-NP CR2E037 (12/06)	
City & State Coral Springs, FL Zip 33065 Country Broward		City & State Ft. Lauderdale, FL Zip 33302 Country Broward		4. FEI Number 65-0294943 Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, ANTHONY 3912 NW 36TH TERRACE FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Nina Justice Street Address (P.O. Box Number is Not Acceptable) 7740 Hibiscus Lane City Coral Springs FL Zip Code 33065			
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  02/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP WILLIAMS, ANTHONY 3912 NW 36TH TERRACE LAUDERDALE LAKES, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Nina Justice, DP 7740 Hibiscus Lane Coral Springs, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV NELSON, DENNIS W 1800 SW 5TH PLACE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP CHARLES S. LIVINGSTON, DV 4993 SW 166 AVENUE MIAMI FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS JUSTICE, NINA R 530-NW 33RD TERRACE FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP FRANKLIN M. FOULKS, DS 6988 CHARLOTTE CT. MARGATE, FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DT MCGOWAN, RODRICK 3840 NE 4TH TERRACE POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Lorette Innocent-Doles, DT 6108 N.W. 10th St. Margate, FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  02/21/08 (954) 294-0686 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					