

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46260

FILED
Apr 30, 2009
Secretary of State

Entity Name: FORT LAUDERDALE BLACK POLICE OFFICERS ASSOCIATION, INC.

Current Principal Place of Business:

7740 HIBISCUS LN
POMPANO BEACH, FL 33065

New Principal Place of Business:

Current Mailing Address:

POB 65
FORT LAUDERDALE, FL 33302 US

New Mailing Address:

P.O. BOX 65
FORT LAUDERDALE, FL 33302 US

FEI Number: 65-0294943 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JUSTICE, NINA
7740 HIBISCUS LN
POMPANO BEACH, FL 33065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JUSTICE, NINA
Address: 7740 HIBISCUS LN
City-St-Zip: POMPANO BEACH, FL 33065

Title: DV () Delete
Name: LIVINGSTON, CHARLES S
Address: 4993 SW 166 AVE
City-St-Zip: HOLLYWOOD, FL 33027

Title: DS () Delete
Name: FOULKS, FRANKLIN M
Address: 4988 CHARLOTTE CT
City-St-Zip: POMPANO BEACH, FL 33063

Title: DT () Delete
Name: DINNOCENT-DOYLES, LORETTE
Address: 6108 NW 10TH ST
City-St-Zip: POMPANO BEACH, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: NELSON, IVORY L
Address: 6661 SW 25 STREET
City-St-Zip: MIRAMAR, FL 33023

Title: DT (X) Change () Addition
Name: INNOCENT-DOYLES, LORETTE
Address: 6108 NW 10TH ST
City-St-Zip: POMPANO BEACH, FL 33063

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: NINA R. JUSTICE

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date