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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N47903** **(2)**

1. Corporation Name

FLORIDA CAUCUS OF BLACK STATE LEGISLATORS, INC.

Principal Place of Business	Mailing Address
400 N. ADAMS ST., STE. B TALLAHASSEE FL 32301	400 N. ADAMS ST., STE. B TALLAHASSEE FL 32301-1110

3. Date Incorporated or Qualified: **03/16/1992**
3a. Date of Last Report: **10/17/1996**

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

4. FEI Number: **59-3183127** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLZENDORF, BETTY S
400 N ADAMS ST
STE B
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Roberts-Burke, Beryl
82 Street Address (P.O. Box Number is Not Acceptable): 400 N. Adams St.
83: Suite B
84 City: Tallahassee **FL** 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Beryl Roberts Burke 2/27/97
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	DV	☒ DELETE	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	MILLER, LESLEY J		1.2 NAME	Meadows, Matthew J.	
STREET ADDRESS	334 HOUSE OFFICE BLDG		1.3 STREET ADDRESS	224 Senate Office Building	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32399	
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HILL, ANTHONY		2.2 NAME		
STREET ADDRESS	206 HOUSE OFFICE BLDG		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	GREENE, ADDIE		3.2 NAME	Dennis, Willye F	
STREET ADDRESS	311 HOUSE OFFICE BLDG		3.3 STREET ADDRESS	1202 Capitol Office Building	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee, FL 32399	
TITLE	DP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRADLEY, RUDOLPH		4.2 NAME		
STREET ADDRESS	200 HOUSE OFFICE BLDG		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	DC	☒ DELETE	5.1 TITLE	DC	☒ Change ☐ Addition
NAME	DENNIS, WILLYE		5.2 NAME	Bush, James	
STREET ADDRESS	226 HOUSE OFFICE BUILDING		5.3 STREET ADDRESS	318 House Office Building	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	Tallahassee, FL 32399	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LAMARR, ECITRYM		6.2 NAME		
STREET ADDRESS	400 N. ADAMS ST., STE. B		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Ecitryn LaMarr Ecitryn LaMarr 1/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9007379