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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47903**

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

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)

3. Date Incorporated or Qualifed: 03/16/1992

4. FEI Number: 59-3183127 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROBERTS-BURKE, BERYL
400 N ADAMS ST
STE B
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Jones, Daryl
82 Street Address (P.O. Box Number is Not Acceptable): 400 North Adams Street
83: Ste. B
84 City: Tallahassee, FL 85 Zip Code: 32301

11. Pursuant to the provisions of Section 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: Jones, Daryl L. , Chairman 3/2/99
Signature, type 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	XX DELETE	1.1 TITLE	DV	XX Change ☐ Addition
NAME	MEADOWS, MATTHEW J		1.2 NAME	Bush, James	
STREET ADDRESS	224 SENATE OFFICE BUILDING		1.3 STREET ADDRESS	318 House Office Building	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32399	
TITLE	DT	XX DELETE	2.1 TITLE	DT	XX Change ☐ Addition
NAME	HILL, ANTHONY		2.2 NAME	Lawson, Alfred	
STREET ADDRESS	206 HOUSE OFFICE BLDG		2.3 STREET ADDRESS	311 House Office Building	
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-ST-ZIP	~~Tallahassee, FL 32399~~	
TITLE	DS	XX DELETE	3.1 TITLE	DS	XX Change ☐ Addition
NAME	DENNIS WILLYE F		3.2 NAME	Roberts, Beryl	
STREET ADDRESS	1202 CAPITOL OFFICE BUILDING		3.3 STREET ADDRESS	300 House Office Building	
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CITY-ST-ZIP	~~Tallahassee, FL 32399~~	
TITLE	DP	XX DELETE	4.1 TITLE		XX 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	XX DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BUSH JAMES		5.2 NAME		
STREET ADDRESS	318 HOUSE OFFICE BUILDING		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
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		

14. I 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, with all other like empowered.

SIGNATURE: Ecitrym S. LaMarr **SIGNATURE REQUIRED** LaMarr, Ecitrym S. , Director 3/2/99 850-224-0937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)