2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS 400 N. ADAMS ST., STE. B

TALLAHASSEE, FL 32301

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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☐ Change ☐ Addition

K. Eckel SEP - 8 2085

DOCUMENT # N47903 1. Entity Name FLORIDA CAUCUS OF BLACK STATE LEGISLATORS, INC.						05 SEP -7 AM IO: 3 I SECRETARY OF STATE TALLAHASSEE, FLORIDA						
Principal Place of Business 400 N. ADAMS ST., STE. B 400 N. ADAMS ST., STE. B TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301								I NEGRILIEN SEY	1101) ISDIN (811) SSIBN (1	** #1#11 *** ** #	au Pikh Sau Pi	EMIE) E4 40E4
2. Principal Place of Business 3.				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				08312005	Chg-NP	CR2E0	37 (10/03)	
City & State				City & State			4. FEI Number 59-3183127					pplied For lot Applicable
Zip	Country			Zip				5. Certificate of Status Desired \$8.75 Additional Fee Required				
Name and Address of Current Registered Agent							_	7. Name and	Address of New F	Registered	Agent	
LAMARR, ECITRYM S 400 NORTH ADAMS STREET						Name Street Address (P.O. Box Number is Not Acceptable)						
STE B TALLAHASSEE, FL 32301									· · ·			
City										FL	Zip Co	de
8. The above the obligati	named entity	y submits this statement for ered agent.	the purpo	ose of changing its	register	ed office o	r registere	ed agent, or both	n, in the State of Fl		- 1	, and accept
-	·	J										
SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required										DATE		
Filing Fee is \$61.25 9. Election Camp Due by September 7, 2005 Trust Fund Co												
10. OFFICERS AND DIRECTORS 11.							Α	ADDITIONS/CHA	NGES TO OFFICE	PS AND D	IRECTORS I	N 10
TITLE	DP B Delete TI					DP		ill, Sr., Anthony				
NAME CINCEL LODGECC	JENNINGS, EDWARD JR.					-	213 5	Sanata Off	ica Brildin	~		
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP		3 Senate Office Building Llahassee, FL 32399				
TITLE	DT Delete TIT					E DT	Rich				Addition	
NAME	BENDROSS-MINDINALL, DOROTHY					Ε	1001	Capitol Office Building				
STREET ADDRESS					STRE	ET ADDRESS		ahassee, FL 32399				
CITY-ST-ZIP						-ST-21P						
TITLE	DS Delete					E DS	Robe	, <u></u> , <u></u> ,			Addition	
NAME CUSACK, JOYCE STREET ADDRESS 212 THE CAPITOL						STREET ADDRESS 1201		Capitol Office Building				
CITY-ST-ZP TALLAHASSEE, FL 32399						-ST-ZIP	Talla	Tallahassee, FL 32399				
πτε	D			☐ Detete	TITL						☐ Change	☐ Addition
NAME	LAMARR.			NATA								

12. Thereby 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 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.

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