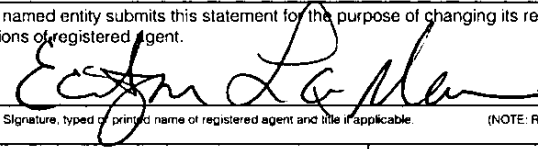
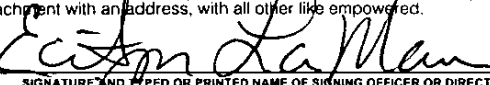


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 MAY -1 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47903 1. Entity Name FLORIDA CAUCUS OF BLACK STATE LEGISLATORS, INC.					
Principal Place of Business 400 N. ADAMS ST., STE. B TALLAHASSEE, FL 32301			Mailing Address 400 N. ADAMS ST., STE. B TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3183127	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMARR, ECITRYM S 400 NORTH ADAMS STREET STE B TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  4/30/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLZENDORF, BETTY 400 NORTH ADAMS STREET TALLAHASSEE, FL 32301	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DARYL 400 NORTH ADAMS STREET TALLAHASSEE, FL 32301	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTNUT, CYNTHIA 400 NORTH ADAMS STREET TALLAHASSEE, FL 32301	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMARR, ECITRYM 400 N. ADAMS ST., STE. B TALLAHASSEE, FL 32301	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, ADDIE 400 NORTH ADAMS STREET TALLAHASSEE, FL 32301	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGGELLETON, JOSEPHUS 400 NORTH ADAMS STREET TALLAHASSEE, FL 32301	☐ Delete			
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:  4/30/07 (850) 224-0937 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



04302007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HOLZENDORF, BETTY
400 NORTH ADAMS STREET
TALLAHASSEE, FL 32301

☐ Delete

TITLE
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☐ Delete

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TALLAHASSEE, FL 32301

☐ Delete

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TALLAHASSEE, FL 32301

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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