

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47903

FILED
May 20, 2008
Secretary of State

Entity Name: FLORIDA CAUCUS OF BLACK STATE LEGISLATORS, INC.

Current Principal Place of Business:

400 N. ADAMS ST., STE. B
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

400 N. ADAMS ST., STE. B
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3183127 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAMARR, ECITRYM S
400 NORTH ADAMS STREET
STE B
TALLAHASSEE, FL 32301 US

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: D () Delete
Name: HOLZENDORF, BETTY
Address: 400 NORTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: JONES, DARYL
Address: 400 NORTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: CHESTNUT, CYNTHIA
Address: 400 NORTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: LAMARR, ECITRYM
Address: 400 N. ADAMS ST., STE. B
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: GREENE, ADDIE
Address: 400 NORTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: EGGELLETION, JOSEPHUS
Address: 400 NORTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: ECITRYM S. LAMARR

D

05/20/2008

Electronic Signature of Signing Officer or Director

Date