2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N47903

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 LAMARR MR. 04/17/2009

Electronic Signature of Signing Officer or Director — Date