FILE NOW: FILING FEE IS \$61.

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kathérine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000002548

1. Corporation Name

TAMPA BAY ASSOCIATION OF BLACK LAW ENFORCEMENT O FFICERS, INC.

Printipal Place of Business

C/O MICHAEL REICHARD, ESO P.O. BOX 272718 TAMPA FL 33688

2. Principal Place of Business

Mailing Address

C/O MICHAEL REICHARD, ESO P.O. BOX 272718

TAMPA FL 33688

2a. Mailing Address

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Saltania Cour STATE TALLAMASSEE, FLORIDA



	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed		
21		26 ABLE	······································	06/04/1993	·	
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.	. h-:-	4. FEI Number	Applied For	
22		27 PO BOX 1730	3//3	59-3317503	Not Applicable	
City & State	te	City & State	orieta	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
24	25	29 33672-1073 3	ol Hillsheru	Trust Fund Contribution	Added to Fees	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			81 Name			
REICHARD, MICHAEL T ESQ.			92 Stroot	82 Street Address (P.O. Box Number is Not Acceptable)		
4613 WESTFORD CIRCLE			011000			
TAMPA FL 33624			83	83 DOCUMENT RECOVERS		
INMINITE GOODS			<u> </u>		L103 <u>·</u> -001	
			84 City	******61.45	### ##89 999.25	
11. Pursuant to the provisions of Sections 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.						
7						
SIGNATURE / MICHABL KEICHARD Signature, typod or printed name of registered agent and pile if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	LEWIS, MARION S		12 NAME			
STREET ADDRESS	708 EAST MCEWEN AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY-ST-ZIP			
TITLE	TD	DELETE	21 TITLE		Change Addition	
NAME	JONES, SAM JR		2 2 NAME	000002!8d 8!! -03/25/99 :-01	::[[[]] - : ::: 	
STREET ADDRESS	1710 NORTH TAMPA STREET		2 3 STREET ADDRESS	-03/25/39[-03	1105 -002	
CITY-ST-ZIP	TAMPA FL 33602		2 4 CITY-ST-ZIP	*****8.75	本本本本本語。75	
TILE	SD	DELETE	31 TITLE		☐ Change ☐ Addition	
NAME	GUDES, ORLANDO		3.2 NAME		-	
STREET ADDRESS	1710 NORTH TAMPA STREET		3 3 STREET ADDRESS		ł	
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP)	
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME		i	4 2 NAME)		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		1	4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME		121	
STREET ADDRESS			5.3 STREET ADDRESS	l - γ	*	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		1 /	
TITLE		☐ DELETE	61 TITLE		Phange Addition	
NAME			6.2 NAME		. —	
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			64 CITY-ST-ZIP			
	ertify that the information supplied with t	his filing does not qualify for the		l in Section 119.07(3)(i), Florida Statutes. I further certif	y that the information	

indicated on this annual report or supplied with this limity dues not quality for the exemption stated in Section 119.07(3)[], Florida Statutes. I further certify that the informatic 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR