

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002548

FILED  
Jul 09, 2008  
Secretary of State

**Entity Name:** TAMPA BAY ASSOCIATION OF BLACK LAW ENFORCEMENT OFFICERS, INC.

**Current Principal Place of Business:**

ABLE  
501 MAPLE POINTE DRIVE  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

ABLE  
P.O. BOX 173078  
TAMPA, FL 336721078

**New Mailing Address:**

**FEI Number:** 59-3317503      **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:**

WISE, SONJA  
501 MAPLE POINTE DRIVE  
SEFFNER, FL 33584      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: PD      ( ) Delete  
Name: WISE, SONJA  
Address: 411 N. FRANKLIN STREET  
City-St-Zip: TAMPA, FL 33602

Title: TD      ( ) Delete  
Name: RIGGINS, CAROLYN  
Address: 411 N. FRANKLIN STREET  
City-St-Zip: TAMPA, FL 33602

Title: SD      ( ) Delete  
Name: BOWERS, SUSAN  
Address: 411 N. FRANKLIN STREET  
City-St-Zip: TAMPA, FL 33602

Title: SD      ( ) Delete  
Name: SAMPSON, CRYSTEL  
Address: 411 N. FRANKLIN STREET  
City-St-Zip: TAMPA, FL 33602

Title: VPD      ( ) Delete  
Name: NORRIS, KENNY  
Address: 411 N. FRANKLIN STREET  
City-St-Zip: TAMPA, FL 33602

Title: CD      ( ) Delete  
Name: WILLIAMS, BETTY  
Address: 411 N. FRANKLIN STREET  
City-St-Zip: TAMPA, FL 33602

**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: CAROLYN RIGGINS

TD

07/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date