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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 27 1997 8:00am  
Secretary of State

DOCUMENT # N96000003229 (9)

1. Corporation Name

THE FLORIDA COALITION OF BLACK STATE TROOPERS, I  
NC.

Principal Place of Business

20133 N.W. 59TH PLACE  
MIAMI FL 33015

Mailing Address

P.O. BOX 972531  
MIAMI FL 33197-2531



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

Miami, FL 33015

26 20133 N.W. 59 PL.

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified  
06/17/1996

3a. Date of Last Report

5. FEI Number

65-0674017

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BROUGHTON, TAMMY E  
20133 N.W. 59TH PLACE  
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

STANLEY DAVIS

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

20133 NW 59 PL

83

84 City

MIAMI

FL

85 Zip Code

33015

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05/15/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DAVIS, STANLEY  
STREET ADDRESS 20133 N.W. 59TH PLACE  
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☐ DELETE

NAME BROUGHTON, TAMMY R  
STREET ADDRESS 20133 N.W. 59TH PLACE  
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☐ DELETE

NAME LANE, JAMES M  
STREET ADDRESS 20133 N.W. 59TH PLACE  
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☐ DELETE

NAME JONES, PAULETTE  
STREET ADDRESS 20133 N.W. 59TH PLACE  
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the  
information 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.

CR2E037 (9/96)