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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003229

1. Corporation Name

THE FLORIDA COALITION OF BLACK STATE TROOPERS, INC.

Principal Place of Business

20133 N.W. 59TH PLACE
MIAMI FL 33015

Mailing Address

20133 NW 59 PL
MIAMI FL 33015
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

06/17/1996

4. 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

9. Name and Address of Current Registered Agent

DAVIS, STANLEY
20133 NW 59 PL
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 *Stanley Davis*
Signature typed or printed name of registered agent and title if applicable.

STANLEY DAVIS President
(NOTE: Registered Agent signature required when reinstating)

05/05/99
DATE

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 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, with all other like empowered.

SIGNATURE: *Stanley Davis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/05/99 (305) 785-4443
Date Daytime Phone #

CR2E037 (11/98)

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