

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003229

FILED
Feb 05, 2012
Secretary of State

Entity Name: THE FLORIDA COALITION OF BLACK STATE TROOPERS, INC.

Current Principal Place of Business:

8290 LAKE DRIVE
244
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

8290 LAKE DRIVE
244
DORAL, FL 33166

New Mailing Address:

FEI Number: 65-0674017 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, EUGENE J SR
8290 LAKE DRIVE
244
DORAL, FL 33166 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
Name: CONNOR, KEVIN J
Address: 1000 QUEYSIDE TER # 1903
City-St-Zip: MIAMI SHORES, FL 33138

Title: SD
Name: WILSON, CANDICE S
Address: 12160 NE MIAMI COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33161

Title: P
Name: EUGENE, JONES V SR
Address: 8290 LAKE DRIVE # 244
City-St-Zip: DORAL, FL 33166

Title: TD
Name: ROGERS, ANGEL
Address: 1130 NW 204 STREET
City-St-Zip: MIAMI, FL 33169

Title: V
Name: CAREY, VINCENT
Address: 1011 NW 111 AVE
City-St-Zip: MIAMI, FL 33172

Title: S
Name: BROUGHTON, TAMMYE
Address: P.O. BOX 51371
City-St-Zip: MIAMI, FL

I hereby 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 all other like empowered.

SIGNATURE: EUGENE VAN JONES

P

02/05/2012

Electronic Signature of Signing Officer or Director

Date