2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# N99000004781

Entity Name: THE CENTRAL FLORIDA BLACK CAUCUS OF LOCAL ELECTED OFFICIALS, INC.

Current Principal Place of Business:

307 E. KENNEDY BLVD
EATONVILLE, FL 32751

New Principal Place of Business:

Current Mailing Address:

307 E. KENNEDY BLVD.
EATONVILLE, FL 32751

New Mailing Address:

FEI Number: 59-3617122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCONIONS, MARILYN M
192 PEOPLE STREET
EATONVILLE, FL 32751 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 ( ) Delete
Name: PAGE, ERNEST
Address: 400 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: GRANT, ANTHONY
Address: 307 E. KENNEDY BLVD.
City-St-Zip: EATONVILLE, FL 32751

Title: D ( ) Delete
Name: HARTAGE, HOMER
Address: 201 S. ROSALIND AVE.
City-St-Zip: ORLANDO, FL 328013547

Title: D ( ) Delete
Name: LYNUM, DAISY
Address: 400 S ORANGE AVE
City-St-Zip: ORLANDO, FL 328013302

Title: D ( ) Delete
Name: SEALEY, FRANCES
Address: 307 E KENNEDY BLVD
City-St-Zip: EATONVILLE, FL 32751

Title: D ( ) Delete
Name: SCONIONS, MARILYN
Address: 307 E. KENNEDY BLVD.
City-St-Zip: EATONVILLE, FL 32751

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 for the exemption stated in Section 119.07(3)(i), 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: ERNEST PAGE D 02/15/2005

Electronic Signature of Signing Officer or Director — Date