## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003268

Entity Name: NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT

EXECUTIVES SOUTH FLORIDA CHAPTER, INC.

**Current Principal Place of Business:** 

700 NE 124TH STREET N MIAMI, FL 33161

**Current Mailing Address:** 

PO BOX 246316

PEMBROKE PINES, FL 33024

FEI Number: 20-5723389 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELCHER, TIMOTHY 700 NE 124 STREET N. MIAMI, FL 33161 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: TIMOTHY BELCHER 02/05/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title T

Name BELCHER, TIMOTHY Name HOUSTON, CAROL Address 700 NE 124TH STREET Address P.O. BOX 246316

City-State-Zip: N. MIAMI FL 33161 City-State-Zip: PEMBROKE PINES FL 33024

Title VP Title S

Name DANIELS, STEPHANIE Name JACKSON, MONTOYA

Address PO BOX 246316 Address PO BOX 246316 PO BOX 246316

City-State-Zip: PEMBROKE PINES FL 33024 City-State-Zip: PEMBROKE PINES FL 33024

TitleFINANCIAL SECRETARYTitlePARLIAMENTARYNameWILLIAMS, LEZLYENameKNIGHT, THADDEUSAddressPO BOX 246316AddressPO BOX 246316

City-State-Zip: PEMBROKE PINES FL 33024 City-State-Zip: PEMBROKE PINES FL 33024

Title SERGEANT AT ARMS

Name LEWERS, ALFRED

Address PO BOX 246316

City-State-Zip: PEMBROKE PINES FL 33024

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: CAROL HOUSTON TREASURER 02/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 05, 2018

**Secretary of State** 

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