

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765740

1. Entity Name

THE NORTH FLORIDA ASSOCIATION OF BLACK PSYCHOLOG

Principal Place of Business

216 E. OAKLAND AVE.
STE. 4
TALLAHASSEE FL 32301

Mailing Address

P.O. BOX 913
TALLAHASSEE FL 32302-0913

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

[Handwritten Signature]

APPROVED
AND
FILED

00 OCT -4 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2326960

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, JACKIE COLLINS
2748 BARSDWOOD LANE
TALLAHASSEE FL 32310

Name LANGLEY, MERLIN R.
Street Address (P.O. Box Number is Not Acceptable)
1223 RONDU POINTE DRIVE EAST
City TALLAHASSEE FL Zip Code 32312

8. 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

[Handwritten Signature: Merlin R. Langley]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

10/4/00
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, JACKIE COLLINS	
STREET ADDRESS	2748 BARSDWOOD LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANGLEY, MERLIN	
STREET ADDRESS	406 PERRY PAIGE FL. A&M UNIV.	
CITY-ST-ZIP	TALLAHASSEE FL 32307	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBINS-BRINSON, LARMIA	
STREET ADDRESS	2408 DOZIER DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, YVONNE	
STREET ADDRESS	1311 LOLA DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JUANITA	
STREET ADDRESS	3005 WAHNSH WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENNARD, DANA	
STREET ADDRESS	812 S. MACOMB ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, MERLIN	
STREET ADDRESS	406-B PERRY PAIGE	
CITY-ST-ZIP	TALLAHASSEE, FL 32307	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/00
Date

Daytime Phone #

0008416

CRFEN7/9/001