2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

05-04-2001 90070 021 ****61.25

DOCUMENT # 765740

1. Entity Name

THE NORTH FLORIDA ASSOCIATION OF BLACK PSYCHOLOG

Principal Place of Business	Mailing Address
216 E. OAKLAND AVE. STE. 4 TALLAHASSEE FL 32301	P.O. BOX 913 TALLAHASSEE FL 32302-0913

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1223 RONDS POINTE DR. E	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State
Zip: 32312 Country: LEON	Zip / Country

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

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.

JJG

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LANGLEY, MERLIN 406 PERRY PAIGE TALLAHASSEE FL 32307 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBBINS-BRINSON, LARMIA 2408 DOZIER DR. TALLAHASSEE FL 32301 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAMELLA ABDULLA, PhD 1112 MAGNOLIA DRIVE TALLAHASSEE, FL 32301 (D) ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELL, YVONNE 1311 LOLA DR. TALLAHASSEE FL 32301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, JUANITA 3005 WAHNISH WAY TALLAHASSEE FL 32310 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mr. KELL JOHNSON, MS 2074 MIDYETTE ROAD #922 (D) TALLAHASSEE, FL ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNARD, DANA 812 S. MACOMB ST. TALLAHASSEE FL 32301 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSEPH BALDWIN, PhD 1604 CALLEN STREET TALLAHASSEE, FL 32310 (D) ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HUBERTA JACKSON-LOWMAN, PhD 2902 GARFIELD ST TALLAHASSEE, FL 32301 (D) ☐ Change ☑ Addition

CR2E037 (10/00)

12. 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 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: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 7/30/01 Date — Daytime Phone #