

2002 UNIFORM BUSINESS REPORT (UBR)

0005558

DOCUMENT # 765740

1. Entity Name

THE NORTH FLORIDA ASSOCIATION OF BLACK PSYCHOLOGISTS, INCORPORATED

FILED

02 FEB 26 PM 12:36

Principal Place of Business

Mailing Address

1223 RONDS POINTE DRIVE E
TALLAHASSEE FL 32312

P.O. BOX 913
TALLAHASSEE FL 32302-0913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



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

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.

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 P ☐ Delete
NAME LANGLEY, MERLIN
STREET ADDRESS 406 PERRY PAIGE
CITY-ST-ZIP TALLAHASSEE FL 32307

TITLE ☐ Change ☐ Addition
NAME 300005074149--6
STREET ADDRESS -03/08/02--01085--017
CITY-ST-ZIP *****61.25 *****61.25

TITLE D ☐ Delete
NAME JACKSON-LOWMAN, HUBERTA PHD
STREET ADDRESS 2902 GARFIELD STREET
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BELL, YVONNE
STREET ADDRESS 1311 LOLA DR.
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BALDWIN, JOSEPH PHD
STREET ADDRESS 1804 CALLEN STREET
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JOHNSON, KELLI MS
STREET ADDRESS 2074 NIDYETTE ROAD, #922
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ABDULLA, SAMELLA PHD
STREET ADDRESS 1112 MAGNOLIA DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ 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)(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:

Merlin R. Langley, PhD

2/25/02 894-0669

CR2E037 (9/01)