

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768690

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS, INC.

**Current Principal Place of Business:**

777 NORTH CAPITOL STREET NE  
SUITE 807  
WASHINGTON, DC 20002

**New Principal Place of Business:**

**Current Mailing Address:**

777 NORTH CAPITOL STREET NE  
SUITE 807  
WASHINGTON, DC 20002

**New Mailing Address:**

**FEI Number:** 59-2364093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CURRY, CYNTHIA W.  
150 SE 2ND AVENUE  
913  
MIAMI, FL 33130 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: P ( ) Delete  
Name: THOMPSON, ANITA FAVORS  
Address: 300 S ADAMS ST, 4FL  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP ( ) Delete  
Name: JOHNSON, JERRY N  
Address: 5000 OVERLOOK AVENUE  
City-St-Zip: WASHINGTON, DC 20032

Title: ED ( ) Delete  
Name: SAUNDERS, JOHN E III  
Address: 777 N. CAPITOL ST., N.E. , #807  
City-St-Zip: WASHINGTON, DC 20002 US

Title: ST ( ) Delete  
Name: BAKER, VERDENIA  
Address: 301 N. OLIVE AVE, 1101.6  
City-St-Zip: WEST PALM BEACH, FL 33401 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN E. SAUNDERS, III

ED

04/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date