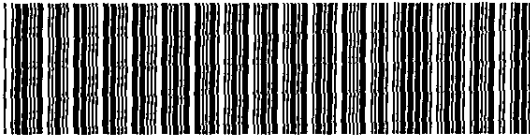


No 5000001429

3



200046122952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status     

Special Instructions to Filing Officer:

Office Use Only

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APM 2-11-05

**BRIAN W. BROAD, P.A.**

ATTORNEY AT LAW  
55 NE FIFTH AVENUE, SUITE 400  
BOCA RATON, FLORIDA 33432

FLORIDA & NEW YORK BARS

407 - 394 - 2321

January 31, 2005

Amendment Section  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Cinema Cafe, Corp.  
Change of Registered Agent/Office

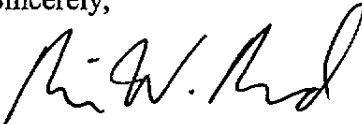
Dear Sir or Madam:

Enclosed please find a Certificate Designating Change Of Registered Agent and Office, together with a check in the amount of \$35.00 as the filing fee, submitted on behalf of the above referenced Corporation.

I would also like to request the change of the Principal Office mailing address of Cinema Café, Corp. to 1910 NE 5<sup>th</sup> Street, #4, Deerfield Beach, Florida 33441. The OLD mailing address was 147 S.E. 1<sup>st</sup> Avenue, Boca Raton, Florida 33432.

Should you have any questions concerning this matter, please do not hesitate to call. Thank you for your cooperation in this matter.

Sincerely,



Brian W. Broad

BWB/ss  
Enclosures  
04-2098/corp/ltrchgrg

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: The Association of Black Psychologists - North Florida, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Huberta Jackson-Lowman  
Name (Printed or typed)

1606 Myrick Rd.  
Address

Tallahassee, FL 32303  
City, State & Zip

850-383-1789  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*The Association of Black Psychologists - North Florida, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

*P.O. Box 913  
Tallahassee, FL 32302*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*The Association of Black Psychologists - North Florida, Inc. exists to promote the mental health of persons of African descent & to address the mental health needs of African Americans.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*Officers are elected annually by the membership.*

**ARTICLE V INITIAL DIRECTORS/OFFICERS**

The name(s), address(es) and title(s):

*Huberta Jackson-Lowman, Ph.D. - President  
1606 Myrick Rd.  
Tallahassee, FL 32303*

*Anika Fields, Ph.D. - President-Elect  
Florida State University  
Tallahassee, FL  
Kelli Johnson Ph.D. - Treasurer  
Florida State University  
Tallahassee, FL*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

*Huberta Jackson-Lowman, Ph.D.  
1606 Myrick Rd.  
Tallahassee, FL 32303*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Huberta Jackson-Lowman, Ph.D.  
1606 Myrick Rd.  
Tallahassee, FL 32303*

05 FEB 11 AM 11:32

STATE OF FLORIDA  
DEPARTMENT OF REVENUE

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

*Huberta Jackson-Lowman*  
\_\_\_\_\_  
Signature/Registered Agent

*2-11-05*  
\_\_\_\_\_  
Date

*Huberta Jackson-Lowman*  
\_\_\_\_\_  
Signature/Incorporator

*2-11-05*  
\_\_\_\_\_  
Date