

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90005 009 ****70.00

DOCUMENT # N05000001429					
1. Entity Name THE ASSOCIATION OF BLACK PSYCHOLOGISTS-NORTH FLORIDA, INC.					
Principal Place of Business P O BOX 913 TALLAHASSEE, FL 32302			Mailing Address P O BOX 913 TALLAHASSEE, FL 32302		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JACKSON-LOWMAN, HUBERTA PHD 1606 MYRICK RD TALLAHASSEE, FL 32303			Name <u>Fields, Anika Ph.D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3601 Westmorland Drive</u> City <u>Tallahassee</u> FL Zip Code <u>82303</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Anika C. Fields, President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>9/4/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME JACKSON-LOWMAN, HUBERTA PHD STREET ADDRESS 1606 MYRICK RD CITY-ST-ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE President NAME Anika C. Fields, Ph.D. STREET ADDRESS 3601 Westmorland Drive CITY-ST-ZIP Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME FIELDS, ANIKA PHD STREET ADDRESS FLORIDA STATE UNIVERSITY CITY-ST-ZIP TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete		TITLE Past President NAME Huberta Jackson-Lowman, Ph.D. STREET ADDRESS 1606 Myrick Rd. CITY-ST-ZIP Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME JOHNSON, KELLI PHD STREET ADDRESS FLORIDA STATE UNIVERSITY CITY-ST-ZIP TALLAHASSEE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE Secretary NAME Jermaine Robertson, Ph.D. STREET ADDRESS Psychology Dept., Florida A + M Univ. CITY-ST-ZIP Tallahassee, FL 32307	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE Historian NAME Joseph Baldwin, Ph.D. STREET ADDRESS 1604 Callen St. CITY-ST-ZIP Tallahassee, FL 32310	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE Student Circle Advisor NAME Gwendolyn Singleton, Ph.D. STREET ADDRESS Psychology Dept., Florida A + M Univ. CITY-ST-ZIP Tallahassee, FL 32307	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Anika C. Fields</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>9/4/06</u>		DAYTIME PHONE # <u>(850) 644-2003</u>	