


**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  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04182006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent  
**JACKSON-LOWMAN, HUBERTA PHD**  
**1606 MYRICK RD**  
**TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent  
 Name **Fields, Anika Ph.D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3601 Westmorland Drive**  
 City **Tallahassee** FL Zip Code **32303**

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 *Anika C. Fields* **Anika C. Fields, President** 9/4/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JACKSON-LOWMAN, HUBERTA PHD</b> <b>1606 MYRICK RD</b> <b>TALLAHASSEE, FL 32303</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FIELDS, ANIKA PHD</b> <b>FLORIDA STATE UNIVERSITY</b> <b>TALLAHASSEE, FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JOHNSON, KELLI PHD</b> <b>FLORIDA STATE UNIVERSITY</b> <b>TALLAHASSEE, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Anika C. Fields, Ph.D.</b> <b>3601 Westmorland Drive</b> <b>Tallahassee, FL 32303</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Past President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Huberta Jackson-Lowman, Ph.D.</b> <b>1606 Myrick Rd.</b> <b>Tallahassee, FL 32303</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jermaine Robertson, Ph.D.</b> <b>Psychology Dept., Florida A + M Univ.</b> <b>Tallahassee, FL 32307</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Historian</b> <b>Joseph Baldwin, Ph.D.</b> <b>4604 Callen St.</b> <b>Tallahassee, FL 32310</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Student Circle Advisor</b> <b>Stwendolyn Singleton, Ph.D.</b> <b>Psychology Dept., Florida A + M Univ.</b> <b>Tallahassee, FL 32307</b>

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: *Anika C. Fields* **Anika C. Fields** 9/4/06 (850)644-2003  
Signature and typed or printed name of signing officer or director Date Daytime Phone #