2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000001429



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

1. Entity Name THE ASSOCIATION OF BLACK PSYCHOLOGISTS-NORTH FLORIDA, INC.						05	9-11-2006 90005 (JO3 70.0	JO
Principal Place of Business P O BOX 913 TALLAHASSEE, FL 32302			Mailing Address P 0 B0X 913 TALLAHASSEE, FL 32302						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04182006 Ch	ng-NP CR2E	037 (11/05)	
City & State			City & State			4. FEI Number		 	lied For Applicable
Zip Country		Zip	·		Fee Rec		\$8.75 Addit Fee Required	ional	
	istered Agent			7. Name and Address of New Registered Agent					
JACKSON-LOWMAN, HUBERTA PHD						lds. Anika Ph.D.			
1606 MYR TALLAHAS	ICK RD	i di		Street Address			(P.O. Box Number is Not Acceptable)		
$f_{i,j}$					City	Cllahassee 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. I am familiar with, and accept the obligations of registered agent,									
SIGNATURE .	Signal re Typed	Afnik	dent ad when reinstating)	9/4 DATE	lo6				
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Florida Dep	ck payable to artment of Sta	ite	
10.	r_	OFFICERS AND DIREC		11.		ADDITIONS/CHANGE	ES TO OFFICERS AND I	DIRECTORS IN	10
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		N-LOWMAN, HUBERTA P RICK RD ISSEE EL 32303			Ar	esident NKa C.F. Ol Westmo	elds, Ph.D.	U	Addition
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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.