2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# N05000009013

Entity Name: ASSOCIATION OF BLACK HEALTH-SYSTEM PHARMACISTS, INC.

Current Principal Place of Business:

2910 KERRY FOREST PARKWAY
SUITE D4-393
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2910 KERRY FOREST PARKWAY
SUITE D4-393
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 20-8692180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARK, JOHN E
2741 SW 127TH AVENUE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

WATKINS III, JASPER W CHAIR
3550 ESPLANADE WAY, #8205
TALLAHASSEE, FL 32311 US

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: JASPER W. WATKINS, III 01/16/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLARK, JOHN E
Address: 2741 SW 127TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: T ( ) Delete
Name: KNIGHT, HORACE
Address: 13 BEAUVOIR COURT
City-St-Zip: ROCKVILLE, MD 20855

Title: EXD ( ) Delete
Name: PIKE, DEREK
Address: 2910 KERRY FOREST PKWY., D4-393
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WATKINS III, JASPER W
Address: 3550 ESPLANADE WAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP (X) Change ( ) Addition
Name: CLARK, JOHN E
Address: 2741 SW 127TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: T (X) Change ( ) Addition
Name: KNIGHT, HORACE
Address: 13 BEAUVOIR COURT
City-St-Zip: ROCKVILLE, MD 20855

Title: S ( ) Change (X) Addition
Name: LOVETT, ANNESHA
Address: 638 WOOD TERRACE WAY
City-St-Zip: ATLANTA, GA 30340

Title: P-EL ( ) Change (X) Addition
Name: GELLINEAU, PATRICIA
Address: 15780 SW 139TH AVENUE
City-St-Zip: MIAMI, FL 33177

Title: BOD ( ) Change (X) Addition
Name: CUELLAR, LOURDES
Address: 6655 DE MOSS
City-St-Zip: HOUSTON, TX 77074

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: ANNESHA LOVETT S 01/16/2008
Electronic Signature of Signing Officer or Director Date