

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 07, 2011
Secretary of State

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 ()

Name and Address of Current Registered Agent:

CLARK, JOHN E
2910 KERRY FOREST PARKWAY
SUITE D4-393
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ALEXANDER, EARNEST
Address: 13270 SPRINGER LANE
City-St-Zip: TAMPA, FL 33625

Title: P
Name: CASSAGNOL, MANOUCHKAT
Address: 59 RIDGEWAY AVENUE
City-St-Zip: SETAUKET, NY 11732

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

Title: D
Name: KNIGHT, HORACE
Address: 13 BEAUVOIR COURT
City-St-Zip: ROCKVILLE, MD 20855

Title: S
Name: BELLAMY, DONNA
Address: 212 CARRINGTON LANE
City-St-Zip: CENTERVILLE, GA 31028

Title: D
Name: MOULTRY, AIASHA
Address: 3115 EWING COURT
City-St-Zip: MANVEL, TX 77578

I hereby 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 all other like empowered.

SIGNATURE: JOHN E CLARK

TREA

01/07/2011

Electronic Signature of Signing Officer or Director

Date