

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001690

FILED
Feb 15, 2008
Secretary of State

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

Current Principal Place of Business:

2910 KERRY FOREST PKWY., D4-393
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2910 KERRY FOREST PKWY., D4-393
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 20-8419640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

Title: ED () Delete
Name: PIKE, DEREK
Address: 38 FORESTWOOD DR.
City-St-Zip: STAMFORD, CT 06903

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WATKINS, JASPER W
Address: 3550 ESPLANADE WAY, #8205
City-St-Zip: TALLAHASSEE, FL 32311

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

Title: BOD () Change (X) Addition
Name: JOHNSON, EARNEST
Address: 13270 SPRINGER LANE
City-St-Zip: TAMPA, FL 33625

Title: BOD () Change (X) Addition
Name: IDEMYOR, VINCENT
Address: 5305 SOUTH DREXEL AVENUE
City-St-Zip: CHICAGO, IL 60615

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: JOHN E. CLARK

P

02/15/2008

Electronic Signature of Signing Officer or Director

Date