2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N07000001690

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:	VP	( ) Delete
Name:	WATKINS, JASPER W	
Address:	3550 ESPLANADE WAY, #8205	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	BOD	( ) Delete
Name:	GELLINEAU, PATRICIA	
Address:	15780 SW 139TH AVENUE	
City-St-Zip:	MIAMI, FL 33177	
Title:	BOD	( ) Delete
Name:	JOHNSON, EARNEST	
Address:	13270 SPRINGER LANE	
City-St-Zip:	TAMPA, FL 33625	
Title:	BOD	( ) Delete
Name:	IDEMYOR, VINCENT	
Address:	5305 SOUTH DREXEL AVENUE	
City-St-Zip:	CHICAGO, IL 60615	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 01/07/2009

Electronic Signature of Signing Officer or Director — Date