

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001690

FILED
Jan 07, 2011
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
Name: CLARK, JOHN E.
Address: 2741 SW 127 AVE.
City-St-Zip: MIRAMAR, FL 33027

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

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

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

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

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

PRES

01/07/2011

Electronic Signature of Signing Officer or Director

Date