

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004523

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** ASSOCIATION OF BLACK SOCIAL WORKERS, PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

115 CHAMPONS RUN  
RIVIERA BEACH, FL 33407

**New Principal Place of Business:**

966 42ND STREET  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

PO BOX 9744  
RIVIERA BCH, FL 33419

**New Mailing Address:**

PO BOX 9744  
RIVIERA BEACH, FL 33419

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

**Name and Address of Current Registered Agent:**

GRAHAM, LINDA F  
4004 ROCKS POINT PLACE  
RIVIERA BEACH, FL 33407    US

**Name and Address of New Registered Agent:**

CORNISH, SABRINA Y  
966 42ND STREET  
WEST PALM BEACH,, FL 33407    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: SABRINA Y. CORNISH, MSW

03/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CORNISH, SABRINA Y  
Address: 966 42ND STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DV  
Name: BELL, JACQUELINE  
Address: 1537 43RD STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DS  
Name: CARTER, PRISCILLA  
Address: 1502 TROPICAL DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

Title: DT  
Name: GRAHAM, LINDA  
Address: 4004 ROCKS POINT PLACE  
City-St-Zip: RIVIERA BEACH, FL 33407

Title: D  
Name: MCKISSACK, THOMAS  
Address: 1045 35TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D  
Name: GLADDEN, TIA  
Address: 114 NE 13TH AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33435

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: SABRINA Y. CORNISH, MSW

DP

03/12/2012

Electronic Signature of Signing Officer or Director

Date