

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90063 006 ****61.25

DOCUMENT # N24427

1. Corporation Name

**NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS -
TAMPA BAY CHAPTER, INCORPORATED**

Principal Place of Business

P.O. BOX 172958
TAMPA FL 33672-0958
US

Mailing Address

P.O. BOX 172958
TAMPA FL 33672-0958
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/20/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2364093	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**GAINER, FLORENCE
3302 E 24TH AVENUE
TAMPA FL 33605**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LATSON, DONALD C	1.2 NAME	JOE JOHNSON, JR
STREET ADDRESS	4411 LURLINE CIRCLE	1.3 STREET ADDRESS	1 Fourth ST N
CITY-ST-ZIP	TAMPA FL 33610	1.4 CITY-ST-ZIP	St. Petersburg FL 33731
TITLE	V	2.1 TITLE	V
NAME	HEGLER, PAMELA	2.2 NAME	JAMES RANSOM
STREET ADDRESS	10503 ROCHESTER WAY	2.3 STREET ADDRESS	601 E. KENNEDY BLVD
CITY-ST-ZIP	TAMPA FL 33626	2.4 CITY-ST-ZIP	TAMPA, FL 33601
TITLE	S	3.1 TITLE	S
NAME	LATSON, JOYCE E	3.2 NAME	LINDA ADEJUMO
STREET ADDRESS	4411 LURLINE CIRCLE	3.3 STREET ADDRESS	42 N. 125TH ST
CITY-ST-ZIP	TAMPA FL 33610	3.4 CITY-ST-ZIP	TAMPA FL 33602
TITLE	T	4.1 TITLE	T
NAME	GAINER, FLORENCE	4.2 NAME	CLARENCE L. HULSG
STREET ADDRESS	3302 E 24TH AVENUE	4.3 STREET ADDRESS	2311 MARY SUG ST
CITY-ST-ZIP	TAMPA FL 33605	4.4 CITY-ST-ZIP	LARGO FL 33774
TITLE	D	5.1 TITLE	D
NAME	BOYD, WILHEMINA	5.2 NAME	LU BANKS
STREET ADDRESS	333 S FRANKLIN STREET	5.3 STREET ADDRESS	400 S. FORT HARRISON AVE
CITY-ST-ZIP	TAMPA FL 33602	5.4 CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	D	6.1 TITLE	D
NAME	BROOKS, HAYWARD	6.2 NAME	JANICE HOSBY
STREET ADDRESS	534 SPORTSMAN PARK DRIVE	6.3 STREET ADDRESS	4201 N. DALE MABRY
CITY-ST-ZIP	SEFFNER FL 33584	6.4 CITY-ST-ZIP	TAMPA FL 33607

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 722-464-7423
Date Daytime Phone #

CR2E037 (1/98)