

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N24427

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS - TAMPA BAY CHAPTER,
INCORPORATED

Current Principal Place of Business:

P.O. BOX 172958
TAMPA, FL 336720958 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 172958
TAMPA, FL 336720958 US

New Mailing Address:

FEI Number: 59-2364093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LATSON, DONALD C
4411 LURLINE CIR
TAMPA, FL 336101831 US

Name and Address of New Registered Agent:

WILLIAMS, CLAUDE
175 5TH STREET NORTH
ST PETERSBURG, FL 33701 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: CLAUDE WILLIAMS

04/25/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BANKS, LU
Address: 400 S. FOT HARRISON AVE
City-St-Zip: CLEARWATER, FL 34616

Title: PD () Delete
Name: LATSON, JOYCE E
Address: 601 EAST KENNEDY BLVD 13TH FLR
City-St-Zip: TAMPA, FL 33602

Title: T () Delete
Name: LATSON, DONALD C
Address: 4411 LURLINE CIR
City-St-Zip: TAMPA, FL 336101821

Title: V () Delete
Name: WILLIAMS, CLAUDE
Address: 175 FIRST AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: D () Delete
Name: RUSSELL, JOYCE A
Address: 601 E. KENNEDY BLVD -17TH FLR
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: HOSEY, JANICE
Address: 4201 N. DALE MABRY
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRANT, LUCINDA
Address: 1400-19TH STREET NORTH(PARKS)
City-St-Zip: ST PETERSBURG, FL 33713

Title: V (X) Change () Addition
Name: BANKS, LU
Address: 601 EAST KENNEDY BLVD 18TH FLR
City-St-Zip: TAMPA, FL 33602

Title: T (X) Change () Addition
Name: WILLIAMS, CLAUDE
Address: 175-5TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33701

Title: D (X) Change () Addition
Name: NIERATKO, SONJA
Address: 1806-56TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33713

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LUCINDA GRANT

PD

04/25/2002

Electronic Signature of Signing Officer or Director

Date