

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90734 015 ****61.25

DOCUMENT # N24427

1. Entity Name

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2364093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Claude S. Williams, TREASURER

4-15-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRANT, LUCINDA ☐ Delete
STREET ADDRESS 1400-19TH STREET NORTH(PARKS)
CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE V
NAME BANKS, LU ☒ Delete
STREET ADDRESS 601 EAST KENNEDY BLVD 18TH FLR
CITY-ST-ZIP TAMPA FL 33602

TITLE T
NAME WILLIAMS, CLAUDE ☐ Delete
STREET ADDRESS 175-5TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D
NAME NIERATKO, SONJA ☒ Delete
STREET ADDRESS 1806-56TH STREET SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33713

TITLE PD
NAME RUSSELL, JOYCE A ☐ Delete
STREET ADDRESS 601 E. KENNEDY BLVD -17TH FLR
CITY-ST-ZIP TAMPA FL 33602

TITLE PS
NAME HOSEY, JANICE ☐ Delete
STREET ADDRESS 4201 N. DALE MABRY
CITY-ST-ZIP TAMPA FL 33607

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☐ Change ☒ Addition
NAME George A. Brooks, Jr. CPM
STREET ADDRESS 228 S. Massachusetts Av.
CITY-ST-ZIP Lakeland FL 33801

TITLE PD ☒ Change ☐ Addition
NAME Russell, Joyce A.
STREET ADDRESS 601 E. Kennedy Blvd - 17th Flr
CITY-ST-ZIP Tampa Fla 33602

TITLE V ☒ Change ☐ Addition
NAME GRANT, Lucinda
STREET ADDRESS 1400-19th St. N. (PARKS)
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE S ☒ Change ☐ Addition
NAME HOSEY, JANICE
STREET ADDRESS 4201 N. Dale Mabry
CITY-ST-ZIP Tampa FL 33607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Claude S. Williams, Claude S. Williams

4-15-04 (727) 551-3408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #