


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N24427 1. Entity Name NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS - TAMPA BAY CHAPTER, INCORPORATED	
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Principal Place of Business P.O. BOX 172958 TAMPA, FL 33672-0958 US	Mailing Address P.O. BOX 172958 TAMPA, FL 33672-0958 US
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04092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2364093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, CLAUDE 175 5TH STREET NORTH ST PETERSBURG, FL 33701	DO NOT WRITE IN THIS SPACE
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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 4/12/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANT, LUCINDA 1400-19TH STREET NORTH(PARKS) ST PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROOKS, GEORGE A JR 228 S MASSACHUSETTS AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, CLAUDE 175-5TH STREET NORTH ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, JOYCE A 601 E. KENNEDY BLVD -17TH FLR TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOSEY, JANICE 4201 N. DALE MABRY TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/14/05-80042-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4/12/05 727 551-3408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #