

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N24427

1. Entity 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**



05132006 No Chg-NP CRZE037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2364093

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees 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**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	GRANT, LUCINDA
STREET ADDRESS	1400-19TH STREET NORTH(PARKS)
CITY-ST-ZIP	ST PETERSBURG, FL 33713
TITLE	V
NAME	BROOKS, GEORGE A JR
STREET ADDRESS	226 S MASSACHUSETTS AVE
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	T
NAME	WILLIAMS, CLAUDE
STREET ADDRESS	175-5TH STREET NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	PO
NAME	RUSSELL, JOYCE A
STREET ADDRESS	601 E. KENNEDY BLVD -17TH FLR
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	S
NAME	HOSEY, JANICE
STREET ADDRESS	4201 N. DALE MABRY
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/06-80001-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/06

Date

727 551-3408

Daytime Phone #