



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90034 039 ****61.25

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|--|---|--|--|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-2364093 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 Moore, Freddie Street Address (P.O. Box Number is Not Acceptable) 4010 W. Spruce St. City Tampa FL Zip Code 33607 | |
| 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 <u><i>Freddie Moore</i></u> DATE <u>8/20/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V GRANT, LUCINDA 1400-19TH STREET NORTH(PARKS) ST PETERSBURG, FL 33713 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | V Breland, Eleanor P.O. Box 4748 Tampa, Fl 33758 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BROOKS, GEORGE A JR 228 S MASSACHUSETTS AVE LAKELAND, FL 33801 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T WILLIAMS, CLAUDE 175-5TH STREET NORTH ST PETERSBURG, FL 33701 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | T Moore, Freddie 4010 W. Spruce St. Tampa, Fl 33607 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD S RUSSELL, JOYCE A 601 E. KENNEDY BLVD -17TH FLR TAMPA, FL 33602 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S HOSEY, JANICE 4201 N. DALE MABRY TAMPA, FL 33607 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | V Johnson, Cythia 14010 Roosevelt Blvd. Clearwater, Fl 33762 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u><i>Freddie Moore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>8/20/07</u> <u>813-348-1128</u> <small>Date Daytime Phone #</small> | | |