


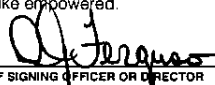


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2004 8:00 am
Secretary of State

06-16-2004 90012 028 ****61.25

DOCUMENT # N35312 1. Entity Name NATIONAL FORUM FOR BLACK PUBLIC ADMINSTRATORS-NORTH CENTRAL FLORIDA CHAPTER, INC.					
Principal Place of Business P.O. BOX 5554 GAINESVILLE, FL 32627 US		Mailing Address P.O. BOX 5554 GAINESVILLE, FL 32627 US		54057612 	
2. Principal Place of Business same		3. Mailing Address same		02032004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3074916	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip 32602		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JIMMIE 200 E. UNIVERSITY AVE GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Dorothy J. Ferguson Street Address (P.O. Box Number is Not Acceptable) 913 SE 5th Street City Gainesville FL Zip Code 32601			
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 Dorothy J. Ferguson  March 10, 2004 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	D WILLIAMS, JIMMIE 200 E UNIVERSITY AVE GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete	TITLE Pres NAME STREET ADDRESS CITY-ST-ZIP	Dorothy J. Ferguson 913 SE 5th Street Gainesville FL 32601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIERRE, KENRICK PO BOX 2877 GAINESVILLE, FL 32602	<input type="checkbox"/> Delete	TITLE 1stVP NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, IVY 10 SW 2ND AVE GAINESVILLE, FL 32601	<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	TD SAFFO, GWENDOLYN 620 E UNIVERSITY AVE GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE Treasurer NAME STREET ADDRESS CITY-ST-ZIP	232 200 E University Avenue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSELEY, RUBY 200 E UNIVERSITY AVE GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mosley, Ruby	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCOME, FAYLENE 106 ELMORE HALL GAINESVILLE, FL 32611	<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 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: Dorothy J. Ferguson  March 10, 2004 352-384-3101 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	N35312
Business Entity Name	NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS-NORTH CENTRAL FLORIDA CHAPTER, INC.
Original File Date	11/20/1989

FEI Number 59-3074916

Principal Address P.O. BOX 5554
GAINESVILLE, FL 32627 US

Mailing Address P.O. BOX 5554
GAINESVILLE, FL 32627 US

Registered Agent JIMMIE WILLIAMS
200 E. UNIVERSITY AVE
GAINESVILLE, FL 32601 US

Officer/Director Name And Address

D
JIMMIE WILLIAMS
200 E UNIVERSITY AVE
GAINESVILLE, FL 32601

VPD
KENRICK PIERRE
PO BOX 2877
GAINESVILLE, FL 32602

D
IVY BELL
10 SW 2ND AVE
GAINESVILLE, FL 32601

TD
GWENDOLYN SAFFO
620 E UNIVERSITY AVE

GAINESVILLE, FL 32601

N35312

57057612

D
RUBY MOSELEY
200 E UNIVERSITY AVE
GAINESVILLE, FL 32601

D
FAYLENE WELCOME
106 ELMORE HALL
GAINESVILLE, FL 32611

If all of the above information is correct
and you do not wish to make any
changes, please select:

No Changes

If you need to make changes to
the above information, please
select:

Make Changes

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