


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90002 018 \*\*\*\*61.25

<b>DOCUMENT # N35312</b>	
1. Entity Name <b>NATIONAL FORUM FOR BLACK PUBLIC ADMINSTRATORS-NORTH CENTRAL FLORIDA CHAPTER, INC.</b>	

Principal Place of Business <b>P O Box 5982 GAINESVILLE, FL 32602 US 32627-5982</b>	Mailing Address <b>P O Box 5982 GAINESVILLE, FL 32602 US 32627-5982</b>
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2. Principal Place of Business <b>P O Box 5982</b>	3. Mailing Address <b>P O Box 5982</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Gainesville</b>	City & State <b>Gainesville</b>
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Zip <b>32627-5982</b>	Country <b>USA</b>	Zip <b>32627-5982</b>	Country <b>USA</b>
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05182005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3074916</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**FERGUSON, DOROTHY J Kenrick Pierre**  
**913 SE 5TH STREET 10 SW 2nd Avenue**  
**GAINESVILLE, FL 32601**

**7. Name and Address of New Registered Agent**

Name  
**Kenrick Pierre**  
Street Address (P.O. Box Number is Not Acceptable)  
**10 Southwest 2nd Avenue**  
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 *Kenrick S. Pierre* 5/18/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete <b>FERGUSON, DOROTHY J</b> STREET ADDRESS <b>913 SE 5TH STREET</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32601</b>	TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kenrick Pierre</b> STREET ADDRESS <b>10 SW 2nd Avenue</b> CITY-ST-ZIP <b>Gainesville FL 32601</b>
TITLE <b>1VP</b>	<input checked="" type="checkbox"/> Delete <b>PIERRE, KENRICK</b> STREET ADDRESS <b>PO BOX 2877</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32602</b>	TITLE <b>1VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Tiffany Dorsey-White</b> STREET ADDRESS <b>222 E University Avenue</b> CITY-ST-ZIP <b>Gainesville FL 32601</b>
TITLE <b>U</b>	<input checked="" type="checkbox"/> Delete <b>BELL, IVY</b> STREET ADDRESS <b>10 SW 2ND AVE</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32601</b>	TITLE <b>Dir</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jimmie Williams</b> STREET ADDRESS <b>222 E University Avenue</b> CITY-ST-ZIP <b>Gainesville FL 32601</b>
TITLE <b>T</b>	<input checked="" type="checkbox"/> Delete <b>SAFFO, GWENDOLYN</b> STREET ADDRESS <b>222 E UNIVERSITY AVENUE</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32601</b>	TITLE <b>Trea</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Faylene Welcome</b> STREET ADDRESS <b>106 Elmore Hall</b> CITY-ST-ZIP <b>Gainesville FL 32611</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>MOSLEY, RUBY</b> STREET ADDRESS <b>200 E UNIVERSITY AVE</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32601</b>	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Betty Baker</b> STREET ADDRESS <b>12 SE 1st Street</b> CITY-ST-ZIP <b>Gainesville FL 32601</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>WELCOME, FAYLENE</b> STREET ADDRESS <b>106 ELMORE HALL</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32611</b>	TITLE <b>Dir</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DJ Ferguson</b> STREET ADDRESS <b>913 SE 5th Street</b> CITY-ST-ZIP <b>Gainesville FL 32601</b>

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: *[Signature]* 5/17/05 3523843101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #