


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

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N35312 1. Entity Name NATIONAL FORUM FOR BLACK PUBLIC ADMINSTRATORS-NORTH CENTRAL FLORIDA CHAPTER, INC.	
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Principal Place of Business P.O. BOX 5982 GAINESVILLE, FL 32627-5982 US	Mailing Address P.O. BOX 5982 GAINESVILLE, FL 32627-5982 US
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05012006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3074916	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERRE, KENDRICK
10 SW 2ND AVE
GAINESVILLE, FL 32601

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

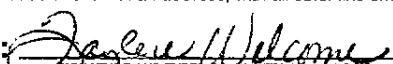
U00000561857
05/19/06-80030-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERRE, KENDRICK 10 SW 2ND AVE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP DORSEY-WHITE, TIFFANY 222 E UNIVERSITY AVE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JIMMIE 222 E UNIVERSITY AVE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELCOME, FAYLENE 106 ELMORE HALL GAINESVILLE, FL 32611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, BETTY 12 SE 1ST STREET GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, DJ 913 SE 5TH STREET GAINESVILLE, FL 32601

**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:  **Faylene Welcome**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May1, 2006

(352) 392-0380

Date

Daytime Phone #