

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35312

FILED
Apr 22, 2009
Secretary of State

Entity Name: NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS-NORTH CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

222 EAST UNIVERSITY AVENUE
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5982
GAINESVILLE, FL 326275982 US

New Mailing Address:

FEI Number: 59-3074916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAFFO, GWENDOLYN D
P. O. BOX 490; STATION #52
GAINESVILLE, FL 2602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAFFO, GWENDOLYN D
Address: P. O. BOX 490; STATION 52
City-St-Zip: GAINESVILLE, FL 32602

Title: 1VP () Delete
Name: DORSEY-WHITE, TIFFANY
Address: 222 E UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: WILLIAMS, JIMMIE
Address: 222 E UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: T () Delete
Name: WELCOME, FAYLENE
Address: 106 ELMORE HALL
City-St-Zip: GAINESVILLE, FL 32611

Title: D () Delete
Name: BAKER, BETTY
Address: 12 SE 1ST STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: FERGUSON, DJ
Address: 913 SE 5TH STREET
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VP (X) Change () Addition
Name: WILLIAMS, JIMMIE
Address: 222 E UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D (X) Change () Addition
Name: MURRY, FRED
Address: 200 E UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN D SAFFO

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date