

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42142 (2)

1. Corporation Name

NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS OF SOUTH FLORIDA - GREATER MIAMI CHAPTER, INC.

Principal Place of Business

Mailing Address

1000 N.W. 62ND ST.
MIAMI FL 33130
US

P.O. BOX 012556
MIAMI FL 33101
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/18/1991** 3a. Date of Last Report **02/23/1994**

4. FEI Number **59-2364093** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATERS, ELBERT L
1000 N.W. 62ND ST.
MIAMI FL 33130**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WATERS, ELBERT L
STREET ADDRESS	1000 N.W. 62ND ST.
CITY-ST-ZIP	MIAMI FL 33130
TITLE	VD
NAME	DANIELS, HATTIE M.
STREET ADDRESS	300 BISCAYNE BLVD. WAY #240
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	WOOTEN, IRENE
STREET ADDRESS	730 N.W. 176TH TERRACE
CITY-ST-ZIP	MIAMI FL 33169
TITLE	SD
NAME	COOPER-COPLIN, KAREN
STREET ADDRESS	275 N.W. 2ND ST. 3RD FLOOR
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	MOORMAN, ROSE
STREET ADDRESS	820 N.W. 172ND TERRACE
CITY-ST-ZIP	MIAMI FL 33169
TITLE	FSD
NAME	ALBURY, MIRANDA
STREET ADDRESS	300 BISCAYNE BLVD. WAY #420
CITY-ST-ZIP	MIAMI FL 33131

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elbert L. Waters*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELBERT L. WATERS, PRESIDENT
APRIL 26, 1995 305/795-2304