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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N46235 (0)

1. Corporation Name

ASSOCIATION OF BLACK PSYCHOLOGISTS INC. JACKSONVILLE CHAPTER



Principal Place of Business

Mailing Address

BOX 550551  
JACKSONVILLE FL 32255

P.O. BOX 61474  
JACKSONVILLE FL 32296-1474  
US

3. Date Incorporated or Qualified  
12/02/1991

3a. Date of Last Report  
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 1805 N. Myrtle Ave.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Jacksonville, FL

27

City & State

City & State

23

Zip 32209

Country Duval

28

Zip

Country

24

29

30

4. FEI Number  
59-3134644

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, WILLIAM C  
8060 WILCLIFF CT  
JACKSONVILLE FL 32244

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 617.0502 and 617.1508, 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 617.0503, 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 DP  DELETE  
NAME RICHARDSON, LARRY T  
STREET ADDRESS 7202 EUDINE DR N  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DV  DELETE  
NAME PARKER-BELL, BERNICE  
STREET ADDRESS 1482 E 25TH ST  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME WASHINGTON, STEWARD  
STREET ADDRESS 5711 MARLIN CT  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME LATNEY, HERBERT JR  
STREET ADDRESS 2008 PRINCE ALBERT CT  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry T. Richardson, President

2-12-97

904-378-9955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone (Area Code)

CR2E037 (9/96)