


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N46235</b>  |  |
| 1. Entity Name<br>ASSOCIATION OF BLACK PSYCHOLOGISTS INC.<br>JACKSONVILLE CHAPTER |   |

|  |   |
|--|---|
| Principal Place of Business<br>5379 LENOX AVE<br>JACKSONVILLE, FL 32205 US | Mailing Address<br>P.O. BOX 37206<br>JACKSONVILLE, FL 32236-1474 US |
|--|---|

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04072008 No Chg-NP CR2E037 (4/06)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>59-3134644</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>JONES, WILLIAM C<br>2457 SOUTHERN LINKS DRIVE<br>ORANGE PARK, FL 32003 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | 000000904362<br>05/01/08-80009-022 61.25 |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>RICHARDSON, LARRY T<br>7202 EUDINE DR N<br>JACKSONVILLE, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>PARKER-BELL, BERNICE<br>1482 E 25TH ST<br>JACKSONVILLE, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>WASHINGTON, STEWARD<br>5711 MARLIN CT<br>JACKSONVILLE, FL         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>LATNEY, HERBERT JR<br>3103 ASHGROVE ROAD<br>JACKSONVILLE, FL 32226 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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.

|   |               |                     |
|---|---------------|---------------------|
| <b>SIGNATURE:</b>  | <b>4/7/08</b> | <b>904-378-9955</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                    | Date          | Daytime Phone #     |