

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2009
Secretary of State**

DOCUMENT# N46235

Entity Name: ASSOCIATION OF BLACK PSYCHOLOGISTS INC. JACKSONVILLE CHAPTER

Current Principal Place of Business:

5379 LENOX AVE
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37206
JACKSONVILLE, FL 322361474 US

New Mailing Address:

FEI Number: 59-3134644 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES, WILLIAM C
2457 SOUTHERN LINKS DRIVE
ORANGE PARK, FL 32003 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: DP () Delete
Name: RICHARDSON, LARRY T,
Address: 7202 EUDINE DR N
City-St-Zip: JACKSONVILLE, FL

Title: DV () Delete
Name: PARKER-BELL, BERNICE,
Address: 1482 E 25TH ST
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: WASHINGTON, STEWARD,
Address: 5711 MARLIN CT
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: LATNEY, HERBERT JR
Address: 3103 ASHGROVE ROAD
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LARRY T. RICHARDSON

DP

02/17/2009

Electronic Signature of Signing Officer or Director

Date