

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46235

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**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 (X)**

**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  
Name: RICHARDSON, LARRY T  
Address: 7202 EUDINE DR N  
City-St-Zip: JACKSONVILLE, FL

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LARRY T. RICHARDSON

DP

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date