FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:39

DOCUMENT # N46879 (5)

1. Corporation Name

NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS M
ID-FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
919 ALMOND TREE CIRCLE ORLANDO FL 32835	P.O. BOX 3614 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — [ ] Applied For [X] Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. 199.032, Florida Statutes* [ ] Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLEN, JESSIE J. 919 ALMOND TREE CIRCLE ORLANDO FL 32835	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	[ ] Change [ ] Addition
NAME	WASHINGTON, HERB	12 NAME	
STREET ADDRESS	629 W. LIVINGSTON STREET	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	[X] Change [ ] Addition
NAME	HARRISON, CHERYL	22 NAME	Vice President
STREET ADDRESS	400 SOUTH ORANGE AVENUE	23 STREET ADDRESS	Miller, Jacqueline
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	P. O. Box 1393 N/A Orlando, FL 32802
TITLE	S	31 TITLE	[X] Change [ ] Addition
NAME	ALLEN, LELIA	32 NAME	Secretary
STREET ADDRESS	400 SOUTH ORANGE AVENUE	33 STREET ADDRESS	Aker, Ralpetta G.
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	1301 E. Second Street Sanford, FL 32771
TITLE	T	41 TITLE	[X] Change [ ] Addition
NAME	ALLEN, JESSIE	42 NAME	Treasurer
STREET ADDRESS	9800 INTERNATIONAL DRIVE	43 STREET ADDRESS	Humphrey, Camille
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	1920 N. Forest Avenue Orlando, FL 32803
TITLE	D	51 TITLE	[ ] Change [ ] Addition
NAME	WILSON, JEAN	52 NAME	
STREET ADDRESS	201 SOUTH ORANGE AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	[ ] Change [ ] Addition
NAME	GOODE-LAISURE, SHARON	62 NAME	
STREET ADDRESS	1101 E. 1ST STREET	63 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	64 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)(k), 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: Camille R. Humphrey 4/24/95 (407)246-3621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003429