FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N46879 (5)

1. Corporation Name

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

600001886036
-07/08/96--01036--028
***61.25

Principal Place of Business
919 ALMOND TREE CIRCLE
ORLANDO FL 32835

Mailing Address
P.O. BOX 3614
ORLANDO FL 32802

3. Date Incorporated or Qualified: 01/17/1992
3a. Date of Last Report: 07/17/1995

2. Principal Place of Business
21 649 W. Livingston Street
22 Suite, Apt. #, etc.
23 City & State: Orlando, Florida
24 Zip: 32801
25 Country: Orange

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: NOT APPLICABLE — Applied For [ ] Not Applicable [X]

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 [X] No

9. Name and Address of Current Registered Agent
ALLEN, JESSIE J.
919 ALMOND TREE CIRCLE
ORLANDO FL 32835

10. Name and Address of New Registered Agent
81 Name: Washington, Herbert L.
82 Street Address (P.O. Box Number is Not Acceptable): 649 W. Livingston Street
83
84 City: Orlando FL
85 Zip Code: 32801

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: Herbert L. Washington
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	P [X] DELETE	1.1 TITLE	P [X] Change [ ] Addition
NAME	WASHINGTON, HERB	1.2 NAME	Miller, Jacqueline
STREET ADDRESS	629 W. LIVINGSTON STREET	1.3 STREET ADDRESS	~~P.O. Box 1393~~ 455 S. ORANGE AVE., STE. 502
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL ~~32802-1393~~ 32801
TITLE	VP [X] DELETE	2.1 TITLE	V [X] Change [ ] Addition
NAME	MILLER, JACQUELINE	2.2 NAME	Aker, Ralphetta
STREET ADDRESS	P.O. BOX 1393 N/A	2.3 STREET ADDRESS	4200 S. John Young Parkway
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	S [X] DELETE	3.1 TITLE	S [X] Change [ ] Addition
NAME	AKER, RALPETTA G.	3.2 NAME	Anderson, Samuel
STREET ADDRESS	1301 E. SECOND STREET	3.3 STREET ADDRESS	~~P.O. Box 1393~~ 201 S. ROSALIND AVE.
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	Orlando, FL ~~32802-1393~~ 32801
TITLE	T [X] DELETE	4.1 TITLE	T [X] Change [ ] Addition
NAME	HUMPHREY, CAMILLE	4.2 NAME	Shine, Betty
STREET ADDRESS	1920 N. FOREST AVENUE	4.3 STREET ADDRESS	~~P.O. Box 740~~ 109 E. CHURCH ST., STE. 300
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL ~~32801-0740~~ 32801
TITLE	D [X] DELETE	5.1 TITLE	D [X] Change [ ] Addition
NAME	WILSON, JEAN	5.2 NAME	Washington, Herb
STREET ADDRESS	201 SOUTH ORANGE AVENUE	5.3 STREET ADDRESS	649 W. Livingston Street
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	D [X] DELETE	6.1 TITLE	D [X] Change [ ] Addition
NAME	GOODE-LAISURE, SHARON	6.2 NAME	Humphrey, Camille Reynolds
STREET ADDRESS	1101 E. 1ST STREET	6.3 STREET ADDRESS	400 S. Orange Avenue
CITY-ST-ZIP	SANFORD FL	6.4 CITY-ST-ZIP	Orlando, FL 32801

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: Herbert L. Washington — 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)