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	Mailing Address
919 ALMOND TREE CIRCLE ORLANDO FL 32835	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 [X] Not Applicable

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

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)(i), 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)