


FILE NOW: FILING FEE IS \$61.25

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Apr 04 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

DOCUMENT # **N46879** (5)

1. Corporation Name

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

Principal Place of Business

Mailing Address

649 W. LIVINGSTON ST.
ORLANDO FL 32801

P.O. BOX 3614
ORLANDO FL 32802-3614



3. Date Incorporated or Qualified **01/17/1992** 3a. Date of Last Report **07/03/1996**

| | | | |
|----------------------------------|-------------------------|----------------------|---------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 455 S. ORANGE AVE, 502 | 25 P.O. BOX 3614 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| 22 502 | 27 GRT | | |
| City & State | City & State | | |
| 23 ORLANDO, FL | 28 ORLANDO, FL | | |
| Zip | Country | Zip | Country |
| 24 32801 | 25 USA | 29 32802-3614 | 30 USA |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 4. FEI Number | Applied For |
| NOT APPLICABLE | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASHINGTON, HERBERT L
649 W. LIVINGSTON ST.
ORLANDO FL 32801

| | |
|-------------------------------------------------------|-----------------|
| 81 Name | 85 Zip Code |
| MILLER, JACQUELINE D. | FL 32801 |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 455 S. ORANGE AVE, 502 | |
| 83 Jacqueline D. Miller | |
| 84 City | |
| ORLANDO | |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|--------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MILLER, JACQUELINE | |
| STREET ADDRESS | 455 S ORANGE AVE 502 | |
| CITY - ST - ZIP | ORLANDO FL 32801 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HUMPHREY, CAMILLE R | |
| STREET ADDRESS | 455 S ORANGE AVE 502 | |
| CITY - ST - ZIP | ORLANDO FL 32801 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | AKER, RALPHETTA | |
| STREET ADDRESS | 4200 S JOHN YOUNG PKWY | |
| CITY - ST - ZIP | ORLANDO FL 32811 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ANDERSON, SAMUEL | |
| STREET ADDRESS | 201 S ROSALIND AVE. | |
| CITY - ST - ZIP | ORLANDO FL 32801 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | SHINE, BETTY | |
| STREET ADDRESS | 109 E CHURCH ST STE 300 | |
| CITY - ST - ZIP | ORLANDO FL 32801 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WASHINGTON, HERB | |
| STREET ADDRESS | 649 W. LIVINGSTON ST. | |
| CITY - ST - ZIP | ORLANDO FL 32801 | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|-------------------------------------------------------|------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | SHINE, BETTY | |
| 5.3 STREET ADDRESS | 4100 PRESIDENTS DRIVE | |
| 5.4 CITY - ST - ZIP | ORLANDO, FL 32809 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do hereby certify that the information supplied with this filing 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.

Jacqueline D. Miller
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97 318-3240 x114
Date Daytime Phone # 0016172

CR2E037 (9/96)