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Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46879 (5)

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

Principal Place of Business 455 S ORANGE AVE 502 ORLANDO FL 32801 US	Mailing Address P.O. BOX 3614 ORLANDO FL 32802 US
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2. Principal Place of Business 21 8100 Presidents Drive Suite, Apt. #, etc. Orange County 22 Suite "C" Water Dept City & State 23 Orlando, Florida Zip Country 24 32809 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Name and Address of Current Registered Agent

**MILLER, JACQUELINE D.
455 S ORANGE AVE
502
ORLANDO FL 32801**

3. Date Incorporated or Qualified 01/17/1992
4. FEI Number NOT APPLICABLE
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Betty A. Shine, Treasurer** *Betty A. Shine* **4/29/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME MILLER, JACQUELINE	
STREET ADDRESS 455 S ORANGE AVE 502	
CITY-ST-ZIP ORLANDO FL 32801	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HUMPHREY, CAMILLE R	
STREET ADDRESS 455 S ORANGE AVE 502	
CITY-ST-ZIP ORLANDO FL 32801	
TITLE A	<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 8100 PRESIDENTS DRIVE	
CITY-ST-ZIP ORLANDO FL	
TITLE D	<input checked="" 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 Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Deloris Batson, Purchasing + Contracts	
1.3 STREET ADDRESS 201 S. Rosalind Ave, 3rd Floor	
1.4 CITY-ST-ZIP Orlando, FL 32802	
2.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Althen Blair, Chairman's Office	
2.3 STREET ADDRESS 201 S. Rosalind Ave, 5th Floor	
2.4 CITY-ST-ZIP Orlando, FL 32802	
3.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Ralphetta Aker	
3.3 STREET ADDRESS 4200 S. John Young Pkwy, 3rd Floor	
3.4 CITY-ST-ZIP Orlando, FL 32811	
4.1 TITLE Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Samuel Anderson	
4.3 STREET ADDRESS 201 S. Rosalind Ave, 2nd Floor	
4.4 CITY-ST-ZIP Orlando, FL 32801	
5.1 TITLE Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Betty Shine	
5.3 STREET ADDRESS 8100 Presidents Dr, Suite C	
5.4 CITY-ST-ZIP Orlando, FL 32809	
6.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Byron Brooks, County Administrator's Office	
6.3 STREET ADDRESS 201 S. Rosalind Ave, 5th Floor	
6.4 CITY-ST-ZIP Orlando, FL 32802	

14. I 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.

SIGNATURE: *Betty A. Shine* **4/29/98** **455 S ORANGE AVE 502 ORLANDO FL 32801**

CR2E037 (10/97)