

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48059

FILED
Jul 11, 2005
Secretary of State

Entity Name: NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS, INC. - SOUTH FLORIDA CHAPTER

Current Principal Place of Business:

115 S ANDREWS AVE
508
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

115 S ANDREWS AVE
508
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0373907 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOODS, SHARON
115 S ANDREWS AVE
508
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: JOHNSON, FLOYD
Address: 115 S ANDREWS AVE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: SD () Delete
Name: FLOWERS, DEBRA
Address: 115 S ANDREWS AVE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VD () Delete
Name: WOODS, SHARON
Address: 115 S ANDREWS AVE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOODS, SHARON K
Address: 115 S ANDREWS AVE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: V (X) Change () Addition
Name: DICK, KEVIN
Address: 115 S ANDREWS AVE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: S (X) Change () Addition
Name: HIBBERT, ALISON D
Address: 115 S ANDREWS AVE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: T () Change (X) Addition
Name: THOMPSON, RONALD
Address: 115 S ANDREWS AVE
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD THOMPSON

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07/11/2005

Electronic Signature of Signing Officer or Director

Date