

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N48059

FILED  
Oct 06, 2006  
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 ( )**

**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: SHARON K. WOODS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: T ( ) Delete  
Name: THOMPkins, RONALD  
Address: 115 S ANDREWS AVE  
City-St-Zip: FT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 THOMPkins

T

10/06/2006

Electronic Signature of Signing Officer or Director

Date