FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48741 (5)

1. Corporation Name

NATIONAL ASSOCIATION OF PUBLIC SECTOR EQUAL OPPO RTUNITY OFFICERS, INC.

Principal Place of Business	Mailing Address
C/O EQUAL OPPORTUNITY DEPT. CITY OF TALLAHASSEE TALLAHASSEE FL 32301	C/O EQUAL OPPORTUNITY DEPT. CITY OF TALLAHASSEE TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1992
3a. Date of Last Report: 08/03/1994
4. FEI Number: 86-0538748 ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

OFUANI, SHARON
300 S ADAMS ST
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	D ☐ Change ☑ Addition
NAME	OFUANI, SHARON	12 NAME	Marion Boenheim
STREET ADDRESS	300 S ADAMS STREET	13 STREET ADDRESS	~~c/o opeoc~~ 2000 N. GREEN ST.
CITY-ST-ZIP	TALLAHASSEE FL 32303	14 CITY-ST-ZIP	Spokane, Wa. 99207-5499
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GREEN, TOM	22 NAME	800001472838
STREET ADDRESS	ONE MAIN STREET #1109	23 STREET ADDRESS	-05/03/95--01051--006
CITY-ST-ZIP	BROOKLYN NY 11201	24 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	~~AINSWORTH, CAROL~~	32 NAME	
STREET ADDRESS	~~707 S HOUSTON SUITE 303~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~TULSA OK 74127~~	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BRAXTON, WENDELL	42 NAME	
STREET ADDRESS	22 LINCOLN STREET	43 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON VA 23669	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Sharon Ofuani Sharon Ofuani 5/1/95 891 8290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026879