

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # *W48741*

1. Corporation Name  
*NATIONAL Association of Public Sector  
Equal Opportunity Officers, Inc.*

Principal Place of Business Mailing Address  
*C/O Equal Opportunity Dept.  
City of Tallahassee  
Tallahassee, FL 32301*

2. Principal Place of Business 2a. Mailing Address  
*Same as above*

21. Suite, Apt # etc 26. Suite, Apt # etc

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
*3.6.92 5.1.95*

4. FEI Number Applied For  
*86-0538748* 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

*Sharon Oquani  
City of Tall.  
300 S. Adams St.  
Tall. FL 32301*

10. Name and Address of New Registered Agent

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 in 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 617.0903, Florida Statutes.

SIGNATURE *Sharon Oquani* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME *Sec. / D.*  
STREET ADDRESS *Boehm, Marion*  
CITY - ST - ZIP *2000 N GREEN ST. 99207-5499  
Spokane, WA*

TITLE ☐ DELETE  
NAME *V. PRES. / D.*  
STREET ADDRESS *Tom GREEN*  
CITY - ST - ZIP *1 main st.  
BROOKLYN, NY. 11201*

TITLE ☐ DELETE  
NAME *TREASURER / D.*  
STREET ADDRESS *Braxton, Wendell*  
CITY - ST - ZIP *22 LINCOLN ST.  
HAMPTON, VA. 23669*

TITLE ☐ DELETE  
NAME *Pres. / D.*  
STREET ADDRESS *Sharon Oquani*  
CITY - ST - ZIP *300 S. Adams St  
Tall. FL 32301*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP

21. TITLE ☐ Change ☐ Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP

31. TITLE ☐ Change ☐ Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY - ST - ZIP

41. TITLE ☐ Change ☐ Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY - ST - ZIP

51. TITLE ☐ Change ☐ Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY - ST - ZIP

61. TITLE ☐ Change ☐ Addition  
62. NAME  
63. STREET ADDRESS  
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)(k), 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 as an attachment with an address.

SIGNATURE: *Sharon Oquani* 7/3/96 8518250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)