

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

1997 AUG 18 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N48741 (5)

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

C/O EQUAL OPPORTUNITY DEPT.  
CITY OF TALLAHASSEE  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified  
05/06/1992

3a. Date of Last Report  
07/10/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

OFUANI, SHARON  
CITY OF TALLAHASSEE  
300 S. ADAMS ST.  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 900002269979--8

84 City

08/10/97-01/09/98

\*\*\*\*\*61.25\*\*\*\*\*61.25

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, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME BOENHEIM, MARION  
STREET ADDRESS 2000 N. GREEN ST.  
CITY-ST-ZIP SPOKANE WA 99207-5499

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
vice-Pres / 10 ☐ Change ☐ Addition

TITLE ☒ DELETE  
NAME GREEN, TOM  
STREET ADDRESS ONE MAIN STREET  
CITY-ST-ZIP BROOKLYN NY 11201

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Treasurer / 10 ☐ Change ☒ Addition  
Arthur Lee  
c/o EOP, Tall. Fla (11)

TITLE ☒ DELETE  
NAME BRAXTON, WENDELL  
STREET ADDRESS 22 LINCOLN STREET  
CITY-ST-ZIP HAMPTON VA 23669

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
President / 10 ☐ Change ☐ Addition

TITLE ☒ DELETE  
NAME OFUANI, SHARON  
STREET ADDRESS 300 S. ADAMS ST.  
CITY-ST-ZIP TALLAHASSEE FL 32301

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Immediate Past Pres / 10 ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☒ Addition  
7/08/97  
8/10/97

14. I do 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.

CR2E037 (9/96)