

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48741

FILED
Apr 30, 2004
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF PUBLIC SECTOR EQUAL OPPORTUNITY OFFICERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 86-0538748 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OFUANI, SHARON
CITY OF TALLAHASSEE
300 S. ADAMS ST.
TALLAHASSEE, FL 32301 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: PD () Delete
Name: FARMER, DWIGHT
Address: OK CITY AIR LOGISTICS CNT
City-St-Zip: TINKER, APB, OK 331455000

Title: TD () Delete
Name: LEE, ARTHUR
Address: POST OFFICE BOX 310, CITY OF DAYNTON BCH
City-St-Zip: BOYNTON BEACH, FL 33425

Title: VPD () Delete
Name: BRAXTON, WENDELL
Address: 22 LINCOLN STREET
City-St-Zip: HAMPTON, VA 23669

Title: SD () Delete
Name: CARTER, AL
Address: C/O 300 S. ADAMS
City-St-Zip: TALLAHASSEE, FL

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: AT L () Change (X) Addition
Name: OFUANI, SHARON
Address: 300 S. ADAMS ST.
City-St-Zip: TALL., FL

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: SHARON OFUANI

AT L

04/30/2004

Electronic Signature of Signing Officer or Director

Date