

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N95000000965 (2)**  
 1. Corporation Name

**THE ASSOCIATION OF BLACK PSYCHOLOGISTS SOUTH FLORIDA CHAPTER, INCORPORATED**



Principal Place of Business: 20622 N.W. 33 COURT MIAMI FL 33056  
 Mailing Address: 20622 N.W. 33 COURT MIAMI FL 33056

3. Date Incorporated or Qualified: 02/27/1995  
 3a. Date of Last Report

2. Principal Place of Business: 21 48 N.W. 4th Street  
 2a. Mailing Address: 26 Beam/48 N.W. 4th St.

4. FEI Number  Applied For  
 Not Applicable

Suite, Apt. #, etc.: 22 N/A  
 Suite, Apt. #, etc.: 27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State: 23 Homestead, FL  
 City & State: 28 Homestead, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip: 24 33030  
 Country: 25 U.S.A.  
 Zip: 29 33030  
 Country: 30 USA

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

9. Name and Address of Current Registered Agent  
 CAPP, LARRY DR.  
 20622 N.W. 33 CT.  
 MIAMI FL 33056

10. Name and Address of New Registered Agent  
 81 Name: McCray, Marvin Ph.D.  
 82 Street Address (P.O. Box Number is Not Acceptable): 48 N.W. 4th Street  
 83  
 84 City: Homestead FL 85 Zip Code: 33030

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: \_\_\_\_\_ 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	1.1 TITLE	PD
NAME	CAPP, LARRY D PH.D.	1.2 NAME	McCray, Marvin R. Ph.D
STREET ADDRESS	20622 N.W. 33 CT.	1.3 STREET ADDRESS	48 N.W. 4th Street
CITY-ST-ZIP	MIAMI FL 33056	1.4 CITY-ST-ZIP	Homestead, FL 33030
TITLE	VD	2.1 TITLE	VD
NAME	GREENWOOD, DEBRA DR	2.2 NAME	Woodsop, Cheryl Dr.
STREET ADDRESS	1425 N.W. 10 AVENUE	2.3 STREET ADDRESS	4620 North State Rd. 7, Suite 201
CITY-ST-ZIP	MIAMI FL 33136	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33319
TITLE	SD	3.1 TITLE	SD
NAME	MCCRAY, MARVIN PH.D	3.2 NAME	Hall, Pamela Dr.
STREET ADDRESS	100 N.W. 4 ST.	3.3 STREET ADDRESS	4620 North State Rd. 7, Suite 201
CITY-ST-ZIP	MIAMI FL 33130	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33319
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 unchanged or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/31/96 (305) 245-9776  
 Daytime Phone #

CR2E037 (3/96)