

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

4. FEI Number

☒ 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

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CAPP, LARRY DR.  
20622 N.W. 33 CT.  
MIAMI FL 33056

81 Name

McCray, Marvin Ph.D.

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

418 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME CAPP, LARRY D PH.D.  
STREET ADDRESS 20622 N.W. 33 CT.  
CITY - ST - ZIP MIAMI FL 33056

TITLE VD ☒ DELETE

NAME GREENWOOD, DEBRA DR  
STREET ADDRESS 1425 N.W. 10 AVENUE  
CITY - ST - ZIP MIAMI FL 33136

TITLE SD ☒ DELETE

NAME MCCRAY, MARVIN PH.D  
STREET ADDRESS 100 N.W. 4 ST.  
CITY - ST - ZIP MIAMI FL 33130

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

☐ Change ☒ Addition

1.1 TITLE PD  
1.2 NAME McCray, Marvin R. Ph.D  
1.3 STREET ADDRESS 418 N.W. 4th Street  
1.4 CITY - ST - ZIP Homestead, FL 33030

☐ Change ☒ Addition

2.1 TITLE VD  
2.2 NAME Woodson, Cheryl Dr.  
2.3 STREET ADDRESS 4620 North State Rd. 7, Suite 201  
2.4 CITY - ST - ZIP Ft. Lauderdale, FL 33319

☐ Change ☒ Addition

3.1 TITLE SD  
3.2 NAME Hall, Pamela Dr.  
3.3 STREET ADDRESS 4620 North State Rd. 7, Suite 201  
3.4 CITY - ST - ZIP Ft. Lauderdale, FL 33319

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

0006063

CR2E037 (3/96)