


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90122 031 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000000965**

1. Corporation Name  
**THE ASSOCIATION OF BLACK PSYCHOLOGISTS SOUTH FLO RIDA CHAPTER, INCORPORATED**

Principal Place of Business P.O. BOX 129771 MIAMI FL 33101-2971 US	Mailing Address P.O. BOX 129771 MIAMI FL 33101-2971 US
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/27/1995</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number <b>65-0821922</b>
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>DORSETT, HERMAN W 11111 S.W. 171ST TERRACE MIAMI FL 33157</b>	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. City <b>FL</b> 85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PT</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DORSETT, HERMAN W</b>		1.2 NAME	
STREET ADDRESS <b>11111 S.W. 171ST TERRACE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33157</b>		1.4 CITY-ST-ZIP	
TITLE <b>VPT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HALL, PAMELA</b>		2.2 NAME	
STREET ADDRESS <b>4620 NORTH STATE ROAD 7</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33319</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GETER, STEPHANIE L</b>		3.2 NAME	<b>TIESHA S. NELSON</b>
STREET ADDRESS <b>120 S.W. 91STS AVENUE, #108</b>		3.3 STREET ADDRESS	<b>7600 S.W. 8th COURT</b>
CITY-ST-ZIP <b>PLANTATION FL 33324</b>		3.4 CITY-ST-ZIP	<b>NORTH LAUDERDALE, FL. 33068</b>
TITLE <b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOLMES, DOROTHY A</b>		4.2 NAME	
STREET ADDRESS <b>155 N.W. 209TH STREET</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33169</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Dorothy A. Holmes DATE: 2/16/99 DAYTIME PHONE #: 305-638-6774

CR2E037 (1/98)