

2000 UNIFORM BUSINESS REPORT (UBR)

4/14

FILED
May 22, 2000 8:00 am
Secretary of State

04-14-2000 90008 011 ****61.25

DOCUMENT # N95000000965

1. Entity Name

THE ASSOCIATION OF BLACK PSYCHOLOGISTS SOUTH FLO

Principal Place of Business

Mailing Address

P.O. BOX 129771
 MIAMI FL 33101-2971
 US

P.O. BOX 129771
 MIAMI FL 33101
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0821922

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORSETT, HERMAN W
11111 S.W. 171ST TERRACE
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name **DOROTHY A. HOLMES**
 Street Address (P.O. Box Number is Not Acceptable)
10430 S.W. 103 STREET
 City **Miami** FL Zip Code **33157**

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PT** Delete
 NAME **DORSETT, HERMAN W**
 STREET ADDRESS **11111 S.W. 171ST TERRACE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **PRESIDENT** Change Addition
 NAME **DOROTHY A. HOLMES**
 STREET ADDRESS **10430 S.W. 103 STREET**
 CITY-ST-ZIP **Miami, FLA 33157**

TITLE **VPT** Delete
 NAME **HALL, PAMELA**
 STREET ADDRESS **4620 NORTH STATE ROAD 7**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33319**

TITLE **VICE PRESIDENT** Change Addition
 NAME **CRYSTAL ANCHALEE**
 STREET ADDRESS **922 South Cypress Circle**
 CITY-ST-ZIP **Miami, FL 33025**

TITLE **S** Delete
 NAME **NELSON, TIESHA S**
 STREET ADDRESS **7600 SW 8TH CT**
 CITY-ST-ZIP **N LAUDERDALE FL 33088**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **HOLMES, DOROTHY A**
 STREET ADDRESS **155 N.W. 209TH STREET**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00
 Date

305-638-6774
 Daytime Phone #

CR2E037 (9/99)