


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90025 017 \*\*\*\*70.00

**DOCUMENT # N95000000965**

1. Entity Name  
**THE ASSOCIATION OF BLACK PSYCHOLOGISTS SOUTH FLORIDA CHAPTER, INCORPORATED**



Principal Place of Business P.O. BOX 12971 MIAMI, FL 33101-2971 US	Mailing Address P.O. BOX 12971 MIAMI, FL 33101-2971 US
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**DO NOT WRITE IN THIS SPACE**



01102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0821922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, PAMELA A-DR:  
 7555 N.W. 44TH ST., #505  
 FORT LAUDERDALE, FL 33319

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Pamela Hall* DATE: 2/14/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, PAMELA D 7555 N. 44TH ST., APT. 505 LAUDRHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIDBERRY, GRACE E 2002 N.E. 20 CT. MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARDABLE, CRYSTAL 9211 S. CYPRESS CIRCLE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLMES, DOROTHY A <del>155 N.W. 200TH STREET</del> 10430 SW 183 STREET MIAMI, FL <del>33168</del> 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Pamela Hall* Date: 02/14/04 Daytime Phone #: 954.445.7826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR