

# 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

**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 ☐

**\$8.75** 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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/04

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

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IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/04

Date

954.445.7826

Daytime Phone #