



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90025 045 \*\*\*\*70.00

<b>DOCUMENT # N95000000965</b>					
1. Entity Name THE ASSOCIATION OF BLACK PSYCHOLOGISTS SOUTH FLORIDA CHAPTER, INCOPORATED					
Principal Place of Business P.O. BOX 12971 MIAMI, FL 33101-2971 US		Mailing Address P.O. BOX 12971 MIAMI, FL 33101-2971 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HALL, PAMELA A DR. 7555 N.W. 44TH ST., #505 FORT LAUDERDALE, FL 33319				7. Name and Address of New Registered Agent Name: <u>Dorothy A. Holmes</u> Street Address (P.O. Box Number is Not Acceptable): <u>10430 SW 183 STREET</u> City: <u>MIAMI</u> FL Zip Code: <u>33157</u>	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, PAMELA D 7555 N. 44TH ST., APT. 505 LAUDRHILL, FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sidberry, Grace E. 300 S. Pine Island Road, Ste 227 Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIDBERRY, GRACE E 2002 N.E. 20 CT. MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAFALISE MARC 8272 BERMUDEA SW WAY BOYNTON BCH FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARDABLE, CRYSTAL 9211 S. CYPRESS CIRCLE MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pamela Hall P.O. Box 490932 Ft. Ldle, FL 33349	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLMES, DOROTHY A 10430 SW 183 STREET MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Wendy G. Huber PAS - Dorothy A. Holmes</u>			Date: <u>02/11/06</u>		Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					