

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90080 033 ****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



01112008 No Chg-NP CR2E037 (4/06)

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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. *Dorothy A. Holmes*
 7566 N.W. 44TH ST. #505 *10430 Sw 183 St.*
 FORT LAUDERDALE, FL 33319 *Miami, Fl. 33157*

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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: *Dorothy A. Holmes* - *Dorothy A. Holmes* *01/2/08* DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIDBERRY, GRACE E
STREET ADDRESS	300 S PINE ISLAND RD STE227
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324
TITLE	VD
NAME	LAFALAISE, MARK
STREET ADDRESS	8272 BERMUDA SOL WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	SD
NAME	HALL, PAMELA <i>Marie Boursignot</i>
STREET ADDRESS	P.O. BOX 490832 <i>8272 Bermuda Sol Way</i>
CITY-ST-ZIP	FORT LAUDERDALE, FL 33349 <i>Boynton Beach, Fl 33436</i>
TITLE	T
NAME	HOLMES, DOROTHY A
STREET ADDRESS	10430 SW 183 STREET
CITY-ST-ZIP	MIAMI, FL 33157
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 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: *Dorothy A. Holmes* - *Dorothy A. Holmes* *01/2/08* *305-582-1739* DATE Daytime Phone #