

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 10, 2009  
Secretary of State**

DOCUMENT# N95000000965

**Entity Name:** THE ASSOCIATION OF BLACK PSYCHOLOGISTS SOUTH FLORIDA CHAPTER, INCOPORATED

**Current Principal Place of Business:**

P.O. BOX 12971  
MIAMI, FL 331012971 US

**New Principal Place of Business:**

10430 SW 183 STREET  
MIAMI, FL 33157 US

**Current Mailing Address:**

P.O. BOX 12971  
MIAMI, FL 331012971 US

**New Mailing Address:**

FEI Number: 65-0821922      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HOLMES, DOROTHYA  
10430 SW 183 ST.  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SIDBERRY, GRACE E  
Address: 300 S PINE ISLAND RD STE227  
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: VD ( ) Delete  
Name: LAFALAISE, MARK  
Address: 8272 BERMUDA SOL WAY  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD ( ) Delete  
Name: BOURSIAHOT, MARIE  
Address: 8272 BENUDE SANDWAY  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: T ( ) Delete  
Name: HOLMES, DOROTHY A  
Address: 10430 SW 183 STREET  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY A. HOLMES

T

01/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date