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**FILED**

**Feb 17 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N46235 (0)**

1. Corporation Name

**ASSOCIATION OF BLACK PSYCHOLOGISTS INC. JACKSONVILLE CHAPTER**



Principal Place of Business

Mailing Address

**BOX 550551  
JACKSONVILLE FL 32255**

**P.O. BOX 61474  
JACKSONVILLE FL 32296-1474  
US**

3. Date Incorporated or Qualified  
**12/02/1991**

3a. Date of Last Report  
**04/26/1996**

2. Principal Place of Business

2a. Mailing Address

21 **1805 N. Myrtle Ave.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Jacksonville, FL**

27

City & State

City & State

23

Zip **32209**

Country

**Duval**

28

Zip

Country

24

29

30

4. FEI Number

**59-3134644**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, WILLIAM C  
8060 WILCLIFF CT  
JACKSONVILLE FL 32244**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **DP RICHARDSON, LARRY T**  
STREET ADDRESS **7202 EUDINE DR N**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **DV PARKER-BELL, BERNICE**  
STREET ADDRESS **1482 E 25TH ST**  
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **SD WASHINGTON, STEWARD**  
STREET ADDRESS **5711 MARLIN CT**  
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **TD LATNEY, HERBERT JR**  
STREET ADDRESS **2008 PRINCE ALBERT CT**  
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Larry T. Richardson, President**

**2-12-97**

**904-378-9955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone (996)

CR2E037 (9/96)