


FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46235 (0)
1. Corporation Name
ASSOCIATION OF BLACK PSYCHOLOGISTS INC. JACKSONVILLE CHAPTER



Principal Place of Business 1805 N MYRTLE AVE JACKSONVILLE FL 32209 US	Mailing Address P.O. BOX 61474 JACKSONVILLE FL 32206-1474 US
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3. Date Incorporated or Qualified 12/02/1991	
4. FEI Number 59-3134644	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 5379 Lenox Avenue	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL	City & State 28
Zip 24 32205	Country 25 Duval
	Zip 29
	Country 30

6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**JONES, WILLIAM C
8080 WILCLIFF CT
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE RICHARDSON, LARRY T 7202 EUDINE DR N JACKSONVILLE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE DV	<input type="checkbox"/> DELETE PARKER-BELL, BERNICE 1482 E 25TH ST JACKSONVILLE FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE SD	<input type="checkbox"/> DELETE WASHINGTON, STEWARD 5711 MARLIN CT JACKSONVILLE FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE TD	<input type="checkbox"/> DELETE LATNEY, HERBERT JR 2008 PRINCE ALBERT CT JACKSONVILLE FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Treasurer
NAME		4.2 NAME	Herbert Latney, Jr.
STREET ADDRESS		4.3 STREET ADDRESS	8300 Old Kings Road, South #25
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Jacksonville, FL 32217
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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** April 10, 1998 904-378-9955

CF2E037 (10/97)