

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46235

FILED
Jan 05, 2011
Secretary of State

Entity Name: ASSOCIATION OF BLACK PSYCHOLOGISTS INC. JACKSONVILLE CHAPTER

Current Principal Place of Business:

5379 LENOX AVE
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37206
JACKSONVILLE, FL 322361474 US

New Mailing Address:

FEI Number: 59-3134644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, WILLIAM C
2457 SOUTHERN LINKS DRIVE
ORANGE PARK, FL 32003 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: DP
Name: RICHARDSON, LARRY T
Address: 7202 EUDINE DR N
City-St-Zip: JACKSONVILLE, FL

Title: DV
Name: PARKER-BELL, BERNICE
Address: 1482 E 25TH ST
City-St-Zip: JACKSONVILLE, FL

Title: SD
Name: WASHINGTON, STEWARD
Address: 5711 MARLIN CT
City-St-Zip: JACKSONVILLE, FL

Title: T
Name: LATNEY, HERBERT JR
Address: 3103 ASHGROVE ROAD
City-St-Zip: JACKSONVILLE, FL 32226

I hereby 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 all other like empowered.

SIGNATURE: LARRY T. RICHARDSON

DP

01/05/2011

Electronic Signature of Signing Officer or Director

Date