

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004523

**FILED**  
**Mar 29, 2021**  
**Secretary of State**  
**8014796566CC**

**Entity Name:** ASSOCIATION OF BLACK SOCIAL WORKERS, PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

966 42ND STREET  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

PO BOX 9744  
RIVIERA BEACH, FL 33419

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: Yes**

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

CORNISH, MSW, SABRINA Y.  
966 42ND STREET  
WEST PALM BEACH, FL 33407 US

*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: SABRINA Y. CORNISH, MSW**

**03/29/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OTHER  
Name BELL, JACQUELINE L MSW  
Address 1537 43RD STREET  
City-State-Zip: WEST PALM BEACH FL 33407

Title OTHER  
Name GRAHAM, LINDA MSW  
Address 4004 ROCKS POINT PLACE  
City-State-Zip: RIVIERA BEACH FL 33407

Title OTHER  
Name HOPKINS, MICHELLE MSW  
Address P.O. BOX 18091  
City-State-Zip: WEST PALM BEACH FL 33416-8091

Title TREASURER  
Name MYERS, GLORIA MSW  
Address 1426 W 37TH STREET  
City-State-Zip: RIVIERA BEACH FL 33404

Title SERGEANT AT ARMS  
Name MCKISSACK, THOMAS  
Address 1045 35TH STREET  
City-State-Zip: WEST PALM BEACH FL 33407

Title VP  
Name SHABAZZ, CLARINDA LCSW  
Address PO BOX 9744  
City-State-Zip: RIVIERA BEACH FL 33419

Title SECRETARY  
Name SANDERS, PRISCILLA MSW  
Address P.O. BOX 9744  
City-State-Zip: RIVIERA BEACH FL 33419

Title OTHER  
Name CHOICE, ANGELA MSW  
Address PO BOX 9744  
City-State-Zip: RIVIERA BEACH FL 33419

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*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: GLORIA MYERS**

**TREASURER**

**03/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            CORNISH, SABRINA Y. MSW  
Address        966 42ND STREET  
City-State-Zip: WEST PALM BEACH FL 33407