

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004523

FILED
Apr 30, 2020
Secretary of State
4032559652CC

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

04/30/2020

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: SABRINA CORNISH, MSW

PRESIDENT

04/30/2020

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