

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004523

FILED
Feb 24, 2015
Secretary of State
CC4064587271

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

Current Principal Place of Business:

1537 43RD STREET
WEST PALM BEACH, FL 33407

Current Mailing Address:

PO BOX 9744
RIVIERA BEACH, FL 33419

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELL, JACQUELINE L
1537 43RD 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: JACQUELINE L. BELL

02/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

Title D
Name GLADDEN, TIA
Address 114 NE 13TH AVENUE
City-State-Zip: BOYNTON BEACH FL 33435

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: JACQUELINE L. BELL

PRESIDENT

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date