

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46235

Entity Name: ASSOCIATION OF BLACK PSYCHOLOGISTS INC.
JACKSONVILLE CHAPTER

Current Principal Place of Business:

5379 LENOX AVE
JACKSONVILLE, FL 32205

Current Mailing Address:

P.O. BOX 37206
JACKSONVILLE, FL 32236-1474 US

FEI Number: 59-3134644

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JONES, WILLIAM C
2457 SOUTHERN LINKS DRIVE
ORANGE PARK, FL 32003 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DP
Name RICHARDSON, LARRY T
Address 7202 EUDINE DR N
City-State-Zip: JACKSONVILLE FL

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

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

Title T
Name LATNEY, HERBERT JR
Address 3103 ASHGROVE ROAD
City-State-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

PRESIDENT

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date