

**2023 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:**

5379 LENOX AVENUE  
JACKSONVILLE, FL 32205 US

**FEI Number: 59-3134644**

**Certificate of Status Desired: Yes**

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

RICHARDSON, LARRY  
7202 EUDINE DRIVE, NORTH  
JACKSONVILLE, FL 32210 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:** LARRY T. RICHARDSON

03/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name GATHER, RACHEL  
Address 5379 LENOX AVENUE,  
JACKSONVILLE, FL, USA  
5379 LENOX AVENUE  
City-State-Zip: JACKSONVILLE FL 32205  
Title SD  
Name WASHINGTON, STEWARD  
Address 5711 MARLIN CT  
City-State-Zip: JACKSONVILLE FL

Title DV  
Name PARKER-BELL, BERNICE  
Address 10887 CHADRON DRIVE  
City-State-Zip: JACKSONVILLE FL 32218  
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

**REGISTERED AGENT**

03/06/2023

Electronic Signature of Signing Officer/Director Detail

Date