

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46235

**FILED  
Apr 16, 2018  
Secretary of State  
CC5637590392**

**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**

**DP**

**04/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date