

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009934

FILED  
Jul 10, 2009  
Secretary of State

**Entity Name:** TAMPA BAY ASSOCIATION OF BLACK JOURNALISTS INC.

**Current Principal Place of Business:**

P.O. BOX 172092  
TAMPA, FL 33672

**New Principal Place of Business:**

424 COLUMBIA DR.  
TAMPA, FL 33606

**Current Mailing Address:**

P.O. BOX 172092  
TAMPA, FL 33672

**New Mailing Address:**

**FEI Number:** 13-4288672      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

KNIGHT, KEN  
424 COLUMBIA DR.  
TAMPA, FL 33606      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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: DEGGANS, ERIC  
Address: 1835 SECOND ST. S.  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VD      ( ) Delete  
Name: DAY, SHERRI  
Address: 20504 SULTANA COURT  
City-St-Zip: TAMPA, FL 33647

Title: TD      ( ) Delete  
Name: KNIGHT, KEN  
Address: 424 COLUMBIA  
City-St-Zip: TAMPA, FL 33606

Title: SD      ( ) Delete  
Name: GRAHAM, KEVIN  
Address: 317 W AMELIA AVE APT C  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEN KNIGHT

TD

07/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date