FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N24608** **(4)**

1. Corporation Name

PALM BEACH ASSOCIATION OF BLACK JOURNALISTS, INC

Principal Place of Business
PO BOX 8096
WEST PALM BEACH FL 33407

Mailing Address
PO BOX 8096
WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified: 02/01/1988
3a. Date of Last Report: 12/30/1994

4. FEI Number: 65-0231904
Applied For ☐ Not Applicable ☐

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt # etc. — 22 / 27
City, State — 23 / 28
24 / 25 / 29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. ☐ — $5.00 May Be Added to Fees

7. Nonprofit 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

8. Tax Exempt Status Claimed for Sales Tax under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHRISTIE, RICK
4917 BROADSTONE CIRCLE
W PALM BCH FL 33417

10. Name and Address of New Registered Agent

81 Name: Nealy, Jounice L.
82 Street (P.O. Box Number is Not Acceptable): 1560 6th St.
83
84 City: West Palm Beach FL 85 Zip Code: 33401

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duties and obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Jounice L. Nealy (Jounice L Nealy) President 4/25/95
(Signature of Registered Agent or Officer)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHRISTIE, RICK
STREET ADDRESS	4917 BROADSTONE CIRCLE
CITY, ST, ZIP	W PALM BCH FL
TITLE	VD
NAME	NEALY, JOUNICE L
STREET ADDRESS	1560 6TH STREET
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	STD
NAME	HORNSBY, ANGELA M
STREET ADDRESS	4200 COMMUNITY DR., #1704
CITY, ST, ZIP	W PALM BCH FL
TITLE	D
NAME	FORSYTH, MICHAEL
STREET ADDRESS	1211 MEADOWS CIRCLE, W.
CITY, ST, ZIP	BOYNTON BEACH FL

13.

TITLE	PD ☑ Change ☐ Add
NAME	Nealy, Jounice L
STREET ADDRESS	1560 6th Street
CITY, ST, ZIP	West Palm Beach, Fl.
TITLE	VD ☑ Change ☐ Add
NAME	~~Charles Bond~~ C.B. Hanif
STREET ADDRESS	415 Wedgewood Plaza Dr.
CITY, ST, ZIP	Riviera Beach, Fl.

☐ Change ☐ Add

14. I hereby certify that the information supplied with this report is correct and that I am duly authorized to file this report. I further certify that the mailing address indicated on this report or supplemental amendment to report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am aware of the penalties for the filing of a false report or failure to file a report as provided by Section 607.0505, Florida Statutes. I further certify that I am an officer or director of the corporation or the registered agent as required by Section 607.0505, Florida Statutes.

SIGNATURE: Angela M. Hornsby / Angela M. Hornsby 4/24/95 (407) 820-4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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