


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/01/1988	
4. FEI Number 65-0231904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent CRAMER, ELISA S 307 ISLAND SHORES DR W PALM BCH FL 33413	
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10. Name and Address of New Registered Agent	
81 Name Elisa S. Cramer	
82 Street Address (P.O. Box Number is Not Acceptable) 717 Sunny Pine Way #F-1	
83	
84 City West Palm Beach	85 Zip Code 33415

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Elisa S. Cramer* DATE **3/21/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CRAMER, ELISA S 307 ISLAND SHORES DR WEST PALM BEACH FL 33413	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	717 Sunny Pine Way #F-1
CITY-ST-ZIP		1.4 CITY-ST-ZIP	West Palm Beach, FL 33415
TITLE	VD BROWNE, MARY ANITA 426 CYPRESS DR LAKE PARK FL 33403	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD NEALY, JOUNICE L 1580 SIXTH STREET WEST PALM BEACH FL 33401	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	TD Bennett Bradley C.
STREET ADDRESS		3.3 STREET ADDRESS	2025 Laubing Circle #D101
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Delray Beach, FL 33444
TITLE	D FORSYTHE, C MICHAEL 1211 MEADOWS CIRCLE LANTANA FL 33402	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD HANF, C.B. 213 WEDGEWOOD PLAZA RIVIERA BEACH FL 33404	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.	
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SIGNATURE: *Elisa S. Cramer* DATE: **3/21/98** (561) 642-9344

CR2E037 (10/97)