

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24608**

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

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90017 041 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

02/01/1988

4. FEI Number

65-0231904

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CRAMER, ELISA S.
717 SUNNY PINE WAY, #F-1
N
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name **MARY ANITA BROWNE**
82 Street Address (P.O. Box Number is Not Acceptable)
426 CYPRESS DRIVE
83
84 City **LAKE PARK** FL 85 Zip Code **33403**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/23/99

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	CRAMER, ELISA S	
STREET ADDRESS	307 ISLAND SHORES DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	VD	DELETE
NAME	BROWNE, MARY ANITA	
STREET ADDRESS	426 CYPRESS DR	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	TD	DELETE
NAME	NEALY, JOUNICE L	
STREET ADDRESS	1560 SIXTH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TD	DELETE
NAME	BENNETT, BRADLEY C.	
STREET ADDRESS	2025 WATERS CIRCLE, #D101	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	SD	DELETE
NAME	HANIF, C.B.	
STREET ADDRESS	213 WEDGEWOOD PLAZA	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	Change	Addition
1.2 NAME	NANCY JOHNSON		
1.3 STREET ADDRESS	3970 RCA BLVD.		
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
2.1 TITLE	PD	Change	Addition
2.2 NAME	MARY ANITA BROWNE		
2.3 STREET ADDRESS	426 CYPRESS DRIVE		
2.4 CITY-ST-ZIP	LAKE PARK, FL 33403		
3.1 TITLE	TD	Change	Addition
3.2 NAME	WALTER STEPHENS		
3.3 STREET ADDRESS	433 BAKER DRIVE		
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409		
4.1 TITLE	SD	Change	Addition
4.2 NAME	CINTERO JONES		
4.3 STREET ADDRESS	1100 FAIRFIELD DRIVE		
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407		
5.1 TITLE	VD	Change	Addition
5.2 NAME	CHRISTOPHER SMITH		
5.3 STREET ADDRESS	710 EXECUTIVE CENTER DRIVE #11220		
5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE:

CRAMER, ELISA S.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/99 561-820-4473
Date Daytime Phone #

CR2E037 (5/99)