2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 13, 2000 8:00 am Secretary of State **DOCUMENT # N24608** 1. Entity Name PALM BEACH ASSOCIATION OF BLACK JOURNALISTS. INC 09-13-2000 90016 041 ****61.25 Principal Place of Business Mailing Address PO BOX 8096 PO BOX 8096 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 BEIRDMAIN 2. Principal Place of Business 3. Mailing Address ite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE O. Box P. O. Box 4. FEI Number Applied For 65-0231904 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BROWNE, MARY ANITA 426 CYPRESS DRIVE LAKE PARK FL 33403 Zip Code City FL 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution, Added to Fees **Department of State** After September 13, 2000 min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE ☐ Change TITLE □ Delete JOHNSON, NANCY NAME NAME STREET ADDRESS 3970 RCA BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 PD Addition TITLE ☐ Delete TITLE Change **BROWNE, MARY ANITA** NAME NAME STREET ADDRESS 426 CYPRESS, DR. STREET ADDRESS CITY-ST-ZIP LAKE PARK FL 33403 CITY-ST-7/P □ Delete TITLE Change ☐ Addition STEPHENS, WALTER NAME NAME STREET ADDRESS **423 BAKER DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Addition Change TITLE ☐ Defete TITLE Jones, Cintero NAME NAME STREET ADDRESS 1100 FAIRFIELD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Addition TITLE ☐ Delete T(T) F 🔽 Change SMITH, CHRISTOPHER NAME NAME 715 N. L St. Apt, 2 STREET ADDRESS 710 EXECUTIVE CTR DR, #11220 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lake Worth, FL. 33460 WEST PALM BEACH FL 33401 ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

17/00 561-820-4473