

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90045 019 *****61.25

DOCUMENT # N24608

1. Entity Name

PALM BEACH ASSOCIATION OF BLACK JOURNALISTS, INC

Principal Place of Business

Mailing Address

P O BOX 19533
 WEST PALM BCH FL 33416

P O BOX 19533
 WEST PALM BCH FL 33416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0231904

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWNE, MARY ANITA
426 CYPRESS DRIVE
LAKE PARK FL 33403

Name **Christopher Smith**

Street Address (P.O. Box Number is Not Acceptable)

715 N. L St. Apt. 2

City

Lake Worth

FL

Zip Code

33460

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

Christopher Smith

3-26-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **JOHNSON, NANCY**
 CITY-ST-ZIP **3970 RCA BLVD**
PALM BEACH GARDENS FL 33410

TITLE ☒ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **Kevin Mc Donald**
 CITY-ST-ZIP **4200 Community Dr Apt 913**
West Palm Beach FL 33409

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BROWNE, MARY ANITA**
 CITY-ST-ZIP **426 CYPRESS DR**
LAKE PARK FL 33403

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **Christopher Smith**
 CITY-ST-ZIP **715 N. L St. Apt. 2**
Lake Worth FL 33460

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **STEPHENS, WALTER**
 CITY-ST-ZIP **423 BAKER DRIVE**
WEST PALM BEACH FL 33409

TITLE ☒ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS **Lady Hereford**
 CITY-ST-ZIP **5016 Lantana Rd. Apt 1302**
Lake Worth FL 33463

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **JONES, CINTERO**
 CITY-ST-ZIP **1100 FAIRFIELD DRIVE**
WEST PALM BEACH FL 33407

TITLE ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS **Elisa Cramer**
 CITY-ST-ZIP **717 Sunny Pine way Apt. F-1**
West Palm Beach FL 33415

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **SMITH, CHRISTOPHER**
 CITY-ST-ZIP **715 N L ST APT 2**
LAKE WORTH FL 33460

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Walter Stephens**
 CITY-ST-ZIP **423 Baker Dr.**
West Palm Beach FL 33409

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

Christopher Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/01

Daytime Phone #

901-820-4790

CR2E037 (10/00)