

FILED  
Apr 28, 2002 8:00 am  
Secretary of State

04-28-2002 90772 045 \*\*\*\*61.25

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N24608 ✓  
1. Entity Name

Palm Beach Association of Black Journalists

**DO NOT WRITE IN THIS SPACE**

**641606**

2. Principal Place of Business

P.O. Box 19533

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 19533

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0231904

Applied For

Not Applicable

Zip

33416

Country

USA

Zip

33416

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 Christy S. Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/02

**FEE IS \$61.25  
Initial or Amended UBR**

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

TITLE	<u>P/D</u>
NAME	<u>Christopher Smith</u>
STREET ADDRESS	<u>715 N. L St. Apt. 2</u>
CITY-ST-ZIP	<u>Lake Worth FL 33460</u>
TITLE	<u>V/D</u>
NAME	<u>Kevin McDonald</u>
STREET ADDRESS	<u>4200 Community Dr. Apt. 913</u>
CITY-ST-ZIP	<u>West Palm Beach FL 33409</u>
TITLE	<u>S/D</u>
NAME	<u>Carol Ash</u>
STREET ADDRESS	<u>4179 Haverhill Rd. Apt. 612</u>
CITY-ST-ZIP	<u>West Palm Beach FL 33417</u>
TITLE	<u>T/D</u>
NAME	<u>Lady Hereford</u>
STREET ADDRESS	<u>5016 Lantana Rd. Apt. 1302</u>
CITY-ST-ZIP	<u>Lake Worth FL 33463</u>
TITLE	<u>D</u>
NAME	<u>Walter Stephens</u>
STREET ADDRESS	<u>423 Baker Dr.</u>
CITY-ST-ZIP	<u>West Palm Beach FL 33409</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lady Hereford/Lady Hereford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

(561) 820-4790

Daytime Phone #

CR2E037B (12/01)