

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90058 019 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # N24608**

1. Entity Name  
**PALM BEACH ASSOCIATION OF BLACK JOURNALISTS,  
INC.**



**44004432**

Principal Place of Business  
**P O BOX 19533  
WEST PALM BCH, FL 33416**

Mailing Address  
**P O BOX 19533  
WEST PALM BCH, FL 33416**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232004 Chg-NP CR2E037 (10/03)

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

**ASH, CAROL  
1111 GREEN PINE BLVD. G1  
WEST PALM BEACH, FL 33409**

Name  
**CHRISTIE, RICK**  
Street Address (P.O. Box Number is Not Acceptable)

**103 FERNWOOD CRESCENT**

City  
**ROYAL PALM BEACH** **FL** Zip Code  
**33411**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
CHRISTIE, RICK  
103 FERNWOOD CRESCENT  
ROYAL PALM BEACH, FL 33411** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CHRISTIE, RICK  
103 FERNWOOD CRESCENT  
ROYAL PALM BEACH, FL 33411** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ASH, CAROL D  
1111 GREEN PINE BLVD, G1  
WEST PALM BEACH, FL 33409** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HEREFORD, LADY  
5016 LANTANA RD APT 1302  
LAKE WORTH, FL 33463** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
HEREFORD, LADY  
5016 LANTANA RD APT 1302  
LAKE WORTH, FL 33463** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
CRAMER, ELISA  
3752 VICTORIA RD  
WEST PALM BEACH, 33411** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MCDONALD, TABATHA  
4200 COMMUNITY DR., APT 913  
WEST PALM BEACH, FL 33409** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
TRAPPS, TYNISA  
18205 Glenmoor Dr.  
West Palm Beach, FL 33409** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MALWEAUX, JUDITH  
1480 LAKE CRYSTAL DR.  
WEST PALM BEACH, FL 33411** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BURGH, MICHELE  
2475 SUNDY AVE  
DELRAY BEACH, FL 33444** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/24/04 561-820-4476**