FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
~~Sandra B. Mortham~~ amend
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 21 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # n94000004733

1. Corporation Name
BLACK Newspaper Publisher's Association, Inc.

Principal Place of Business	Mailing Address
602 N. Adams ST. Tallahassee, FL 32301	602 N. adams ST. Tallahassee, FL32301

3. Date Incorporated or Qualified: 9-26-94

4. FEI Number: N/A ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6288 N.W. 42nd Cir.	26 P.O. Box 670038
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Coral Springs, FL	28 City & State: Coral Springs, FL
24 Zip: 33067 25 Country: BROWARD	29 Zip: 33067 30 Country: BROWARD

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Roosevelt Wilson 602 N. Adams ST. Tallahassee, FL32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition PRESIDENT Keith A. Clayborne 6288 N.W. 42nd Circle Coral Springs, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ DELETE Secretary WALTER Leroy 621 W. Cervantes St. Pensacola, FL32501	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition Secretary Roosevelt WILSON 602 N. Adams St. Tallahassee, FL32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE Treasurer Owen Ivory 70 West 21st St. Riviera Beach, FL 33404	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002497709---3 -04/23/98--01045--003 *****70.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 4/21/98

CR2E037 (10/97)

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.

SIGNATURE: Roosevelt Wilson Roosevelt Wilson 4-20-98 (850) 681-1852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #