

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90029 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000004733					
1. Corporation Name BLACK NEWSPAPER PUBLISHER ASSOCIATION, INC.					
Principal Place of Business 6288 NW 42ND CIR CORAL SPRINGS FL 33067 US			Mailing Address P.O. BOX 670038 CORAL SPRINGS FL 33067 US		



2. Principal Place of Business 21 6288 NW 42nd Court Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 09/26/1994 4. FEI Number NOT APPLICABLE Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WILSON, ROSEVELT 602 N. ADAMS ST. TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent 81 Name Bernadette Clayborne 82 Street Address (P.O. Box Number is Not Acceptable) 6288 NW 42nd Court 83 Coral Springs 84 City Coral Springs FL 85 Zip Code 33067	

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

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	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CLAYBORNE, KEITH A	1.2 NAME	
STREET ADDRESS	6288 NW 42ND CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, ROOSEVELT	2.2 NAME	
STREET ADDRESS	602 N. ADAMS ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	IVORY, GWEN	3.2 NAME	
STREET ADDRESS	70 WEST 21ST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

(954) 345-1822

CR2E037 (1/98)