


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90015 049 ****70.00

DOCUMENT # N95000000787 1. Entity Name SOUTH FLORIDA BLACK JOURNALISTS ASSOCIATION INC.					
Principal Place of Business ONE HERALD PLAZA MIAMI, FL 33132				Mailing Address PO BOX 260807 HOLLYWOOD, FL 33026	
2. Principal Place of Business		3. Mailing Address P.O. BOX 260807			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PEMBROKE PINES, FL			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
33026		33026	BROWARD		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, SHAWN 2521 HOLLYWOOD BLVD HOLLYWOOD, FL 33020			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEPHERD, TERENCE		NAME		
STREET ADDRESS	3679 WILDERNESS WAY		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33065		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHORES DEJEAN, KARLA		NAME	Nicole White	
STREET ADDRESS	9920 NW 68TH PLACE #206		STREET ADDRESS	20005 NE 3rd. Ct. #5, Miami, FL 33179	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VP/D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, TONI		NAME	Tania Francois	
STREET ADDRESS	108 NE 16TH AVE. APT. 305		STREET ADDRESS	6932 SW 40th Ct. Miramar, FL 33023	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Michael Silva	
STREET ADDRESS			STREET ADDRESS	20105 NE 3rd Ct. #11	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33179	
TITLE		<input type="checkbox"/> Delete	TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Valerie Taylor	
STREET ADDRESS			STREET ADDRESS	807 Alton Road #8	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Delete	TITLE	Parliamentarian/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Tonju Francois	
STREET ADDRESS			STREET ADDRESS	12000 Biscayne Blvd., #102	
CITY-ST-ZIP			CITY-ST-ZIP	North Miami, FL 33181	
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: <i>Terence W. Shepherd</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/11/5 305-376-3596 Date Daytime Phone #		

