

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000787

FILED
Apr 27, 2006
Secretary of State

Entity Name: SOUTH FLORIDA BLACK JOURNALISTS ASSOCIATION INC.

Current Principal Place of Business:

ONE HERALD PLAZA
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

PO BOX 260807
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 65-0557698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, SHAWN
2521 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEPHERD, TERENCE
Address: 3679 WILDERNESS WAY
City-St-Zip: POMPAN0 BEACH, FL 33065

Title: VPD () Delete
Name: WHITE, NICOLE
Address: 20005 NE 3RD CT #5
City-St-Zip: MIAMI, FL 33179

Title: VPD () Delete
Name: FRANCOIS, TANIA
Address: 6932 SW 40TH CT
City-St-Zip: MIRAMAR, FL 33023

Title: SD () Delete
Name: SILVA, MICHAEL
Address: 20105 NE 3RD CT #11
City-St-Zip: MIAMI, FL 33179

Title: TD () Delete
Name: TAYLOR, VALERIE
Address: 807 ALTON RD #8
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: FRANCOIS, TONJU
Address: 12000 BISCAYNE BLVD #102
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHEPHERD, TERENCE
Address: 3679 WILDERNESS WAY
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BURCH, AUDRA
Address: 1543 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Change () Addition
Name: FRANCOIS, TONJU
Address: 12000 BISCAYNE BLVD #102
City-St-Zip: MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERENCE W. SHEPHERD

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date