

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90032 041 \*\*\*\*61.25

**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  
PEMBROKE PINES FL 33026  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 398805

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach, FL

Zip

Country

Zip

Country

33329

U.S.A.

4. FEI Number

65-0557698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

DAVIS, SHAWN  
2521 HOLLYWOOD BLVD  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Emiene Wright

Street Address (P.O. Box Number is Not Acceptable)

266 NE 51 St., Apt. 3

City

Miami

FL

Zip Code

33137

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

*Emiene Wright*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Delete
PD	SHEPHERD, TERENCE	3679 WILDERNESS WAY	CORAL SPRINGS FL 33065	
VPD	WHITE, NICOLE	20005 NE 3RD CT #5	MIAMI FL 33179	<input checked="" type="checkbox"/> Delete
VPD	FRANCOIS, TANIA	6932 SW 40TH CT	MIRAMAR FL 33023	<input checked="" type="checkbox"/> Delete
SD	SILVA, MICHAEL	20105 NE 3RD CT #11	MIAMI FL 33179	<input checked="" type="checkbox"/> Delete
TD	BURCH, AUDRA	1543 TYLER STREET	HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Delete
D	FRANCOIS, TONJU	12000 BISCAYNE BLVD #102	MIAMI FL 33181	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	Emiene Wright	266 NE 51 St., Apt. 3	Miami, FL 33137	
VPD	Khari Williams	6060 S. Falls Circle Drive, Apt. 423	Lauderhill, FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPD	Farah Fredericks	708 SW 89 Ave	Plantation, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD	Anika Omphroy	3670 NW 27 St.	Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD	Michael Ottey	3829 Indian Creek Dr., Apt. 1408	Miami Beach, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Leona Minto	15299 NE 12th Ave	North miami Beach, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Emiene Wright*

Emiene Wright

4-18-07 (305)757-0727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #