2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State
04-10-2008 90019 037 ****61.25

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1. Entity Name
SOUTH FLORIDA BLACK JOURNALISTS ASSOCIATION INC.

Principal Place of Business	Mailing Address
ONE HERALD PLAZA MIAMI, FL 33132	P.O. BOX 398805 MIAMI BEACH, FL 33329 US

04082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0557698 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WRIGHT, EMIENE 266 NE 51 ST. APT 3 MIAMI, FL 33137	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 Emiene Wright Emiene Wright March 31, 2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WRIGHT, EMIENE 266 NE 51 ST., APT3 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WILLIAMS, KHARI 6060 S. FALLS CIRCLE DRIVE, APT 423 LAUDERHILL, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FREDERICKS, FARAH 708 SW 89 AVE PLANTATION, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OMPHROY, FARAH 3670 NW 27 ST FORT LAUDERDALE, FL 33311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Omphroy, Anika 2876 NW 34th Terrace Lauderdale Lakes, FL 33311	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OTTEY, MICHAEL 2829 INDIAN CREEK DR., APT 1408 MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINTO, LEONA 15299 NE 12TH AVE MIAMI, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Minto, Leona 3140 Pembroke Rd Hallandale, FL 33009	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 March 31, 2008 786-566-1085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #