

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000787

**FILED**  
**Apr 17, 2010**  
**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:**

P.O. BOX 398805  
MIAMI BEACH, FL 33329 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:**

DOUGLAS, MICHAEL W MR.  
6732 MAIN STREET  
MIAMI LAKES, FL 33014 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  
Name: DOUGLAS, MICHAEL W MR.  
Address: 532 NW 19TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VPD  
Name: ODIDURO, SERGY  
Address: 13480 NE SIXTH AVE. APT. 302  
City-St-Zip: MIAMI, FL 33161 US

Title: SD  
Name: SATCHELL, ARLENE  
Address: 6740 NW 175TH ST. APT. E  
City-St-Zip: HIALEAH, FL 33015 US

Title: TD  
Name: OTTEY, MICHAEL MR  
Address: 2829 INDIAN CREEK DR., APT 1408  
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL W. DOUGLAS

PD

04/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date